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ABSTRACT

The document presents 10 papers addressing special education programs in Wessex, England, and reviews of 11 books dealing with special education for disabled children. Papers have the following titles and authors: "The Development of New Services for Mentally Handicapped People in Horticulture and Agriculture" by D. Carter and A. Carter; "HANC--Hampshire New Curriculum" (a curriculum for clients of the Adult Training Center) by M. Shackleton-Bailey; "The Meaning and Significance of Curative Education" (a description of the Camphill Communities program which serves handicapped children in a family-style setting) by N. Hoffman; "In on the (1981 Education) Act" (a bill which introduced a new broad definition of children with 'special educational needs') by J. Rozenberg; "The Need for a Functional Philosophy of Rehabilitation" (a discussion of the need for a philosophy of rehabilitation that is both progressive and dynamic in its day-to-day operation) by C. Macfarlane; "What's So Special about Special Needs?" (focusing on the similarities as well as differences in the experiences and expectations of families with young handicapped and nonhandicapped children) by M. White; "'Police Week' in a Special School" (a program to develop in secondary aged special education children an understanding of the reasons why there are rules, laws, and police force) by C. Gardiner; "Integration in Oxfordshire" (a discussion of the success of a mainstreaming program at Alvescot School) by M. Burnham; "An Introduction to the Wessex Reading Analysis" (designed to provide an instrument to evaluate reading skills of elementary age children) by G. Hughes; and "In-Service Training for Special Education" (a discussion of the problems involved in providing inservice training) by J. Hosegood. A series of reviews of books published in 1981 and 1982 complete the document. (SW)

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WESSEX STUDIES IN SPECIAL EDUCATION

1982

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Editor:

Robin Jackson

King Alfred's College, Winchester

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THE DEVELOPMENT OF NEW SERVICES FOR MENTALLY HANDICAPPED PEOPLE IN HORTICULTURE AND AGRICULTURE

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Wessex Studies in Special Education, 1982, Vol. 2, pp. 1 - 12

Introduction

Until the Industrial Revolution, agriculture and horticulture were the occupations in which mentally handicapped people participated as active members of the community. This they did in a variety of ways commensurate with their ability. With the move away from the country into the newly created urban settlements mentally handicapped people were, for the first time, seen as something of a social problem.

Some philanthropic organisations stepped forward to ease the situation by building large houses located in vast acreages of good farmland and set a long way from the urban community. These 'colonies' were the first attempt to provide a segregated service for people suffering from disorders of the mind. The principle behind this action was good for it restored the rural way of life to people for whom urbanisation was anathema. Their unskilled work on the land was adequate enough to provide the 'colony' with most of the food required - thus keeping the cost of running the community to a minimum and at the same time occupying the inmates.

This way of life continued until the National Health Service was formed and became responsible for many of these 'institutions' and when, concurrently, Parliament started to take a look at the provision being made for mentally handicapped people. As a result of this examination an edict was issued by the Ministry of Health to the effect that mentally handicapped people would no longer work on the land as it was thought that this represented a serious form of exploitation. Subsequent to this action members of the parent oriented organisation, the National Society for Mentally Handicapped Children, pressured their policy making Executive Committee to create a training centre for mentally handicapped people using the rural pursuits of agriculture and horticulture as the training media. This action was requested as members believed that, overall, more harm than good had come of the Government's decision to treat mentally handicapped people as helpless patients rather than as individuals, of whom some could, after appropriate training, contribute to their own livelihood - and enjoy so doing, by working on the land.

Lufton Manor Rural Training Unit was opened by the National Society in 1969 and offered two-year residential courses for mentally handicapped people who showed an aptitude, attitude and enthusiasm for rural pursuits. Over the years this Unit has proved beyond all doubt that, given proper instruction by highly qualified agriculturalists and horticulturalists, mentally handicapped trainees can attain levels of ability which enable them to secure and hold down jobs under open conditions of employment. There were however other trainees who, although adept at the tasks set for them, needed, and would always need, empathetic and skilled supervision - in other words, conditions of sheltered employment.

As unemployment struck ever harder at the working population so it became more difficult to find acceptable niches for many well trained mentally handicapped people and so, once again, the National Society for Mentally Handicapped Children & Adults extended its pioneering work by introducing a Rural Advisory Service. By using and extending the knowledge gained over the years from the Lufton Manor development, the Rural Advisory Service is able to offer advice and demonstrations of rural pursuits utilised for the benefit of mentally handicapped people of all ages who attend special schools, adult training centres and other units.

Projects

One of the earliest projects with which the Rural Advisory Service was involved was the setting up of Fairfield Opportunity Farm in Wiltshire. This was a private small-holding of some thirty acres. It was the desire of the owners to use their farm for the benefit of a particular category of handicapped people. Following exploratory discussions with the National Society for Mentally Handicapped Children & Adults, the owners decided in favour of the mentally handicapped. The first initiative was the introduction of the proposed scheme to the population of the village where the farm is sited. This was achieved by calling a public meeting, which was exceptionally well attended. The villagers listened intently to the proposal to turn Fairfield Farm into a rural training unit for mentally handicapped people. They asked many pertinent questions and were satisfied by the responses: they accepted that if Fairfield was to succeed it would require their support - both moral and financial. To this day, some six years later, the village is as loyal and enthusiastic as it was following that first meeting.

The Rural Advisory Service recommended the creation of an operating company, limited by guarantee and directed by an appointed voluntary Board, selected in the first instance for the various professional expertise which they commanded. Fairfield was to draw its trainees from local authority centres within an appropriate catchment area. The trainees were mainly of school leaving age but could be recruited from those already attending centres. All would be daily attenders. Lufton Manor seconded a senior instructor to the new Unit literally to "turn the first sod" and establish a growing programme. This instructor had the help of six Lufton Manor trainees tc act as the forward labour force. These trainees were in their final months at Lufton Manor and therefore it offered them a challenging opportunity, prior to taking their first jobs. Not least of the challenges was their experience of travelling independently by train each day from Yeovil to Westbury and back. Fairfield was to offer both agricultural and horticultural training but the emphasis was given, in the first instance, to gardening. After the appointment of a Manager, one full-time and one part-time instructor, the recruitment of trainees began. The establishment programme was phased so that six trainees were accepted during the first year - still a time of development of facilities at Fairfield. A further six trainees joined the farm during the second year and four more in the third year. All trainees, after a period of assessment and acceptance, were offered two-year training courses, following the successful pattern set by Lufton Manor.

The farm buildings were erected by staff and trainees and a major land drainage scheme was also carried out by trainees. This exercise was seen as an integral part of their training and proved to be a most suitable method of establishing their interest in their new environment. Over a period of six years Fairfield has developed into a rural training unit operated by skilled agriculturalists and horticulturalists who have been responsible for creating a training situation that has allowed for a genuine throughput of trainees into open employment.

However, as was proved at Lufton Manor, Fairfield has a steady stream of trainees who will always need supervision in a work setting.

The continuing use of Lufton Manor as a demonstration of good practice of rural pursuits has stirred several groups of parent members of the Society to look at possibilities of establishing similar services in other parts of the country. One such group, all parent members of the Chichester & District Society for Mentally Handicapped Children & Adults - some of whom had had sons or daughters trained at Lufton Manor - asked the Rural Advisory Service for advice and help in the establishment of a rural training unit in West Sussex. A plan was drawn up by the RAS and an operating company formed, similar to that of Fairfield Opportunity Farm but with parent representation on the Board of Directors. Thus Aldingbourne Country Centre was established.

Immediately a precedent was set by the acquisition of thirty acres of farmland, on an agricultural tenancy, from the Surrey Health Authority. The land was adjacent to Aldingbourne Hospital which lies four miles east of Chichester on the A27. As with Fairfield Opportunity Farm a public meeting resulted in overwhelming co-operation from the local population and from local businesses whose generous sponsorships allowed developmental work to commence without delay. Aldingbourne Country Centre was offered as an alternative adult training centre facility to the Local Authority. Subsequently trainees have been sponsored by the Department of Social Services and the Education Authority to attend the Unit. An empathetic, highly qualified commercial horticulturalist was appointed as Manager and over a build-up period of three years, three other qualified horticulturalists have been recruited as instructors.

Aldingbourne,Country Centre, unlike Fairfield Opportunity Farm, offers horticulture as the sole training medium but in all other respects has similar aims and objectives. The Unit is able to diversify the training programme by including glasshouse work, growing crops under polythene tunnels, field fruit and vegetable growing, packaging and presentation of produce for market selling and other allied tasks which allow for both summer and winter occupation. A retail 'farm shop' at Aldingbourne, staffed by trainees, sells on a commercial basis a wide range of fresh vegetables and flowers to the public.

A notable breakthrough, in provision of local authority service for mentally handicapped people, came when Buckinghamshire County Council approached the Rural Advisory Service with a request for help in their endeavours to establish a rural adult training centre, which would use agriculture and horticulture as the only media for training. A County owned small-holding was available for use. This property had a farmhouse and twenty acres of reasonably good agricultural land at Whaddon near Milton Keynes. The creation of Thrift Farm Rural Training Centre has established a most worthwhile precedent. Mentally handicapped people, who had been attending conventional adult training centres in the locality were able to experience a new way of life which offered great challenges. This innovative move by Buckinghamshire County Council was warmly welcomed by the National Society and great interest was shown in its development. Agriculture and horticulture is equally divided at the Unit and all members of staff are qualified agriculturalists or horticulturalists.

This precedent is now being followed by Cornwall County Council. In this instance, a horticulturalist has been appointed by the County who, prior to the opening of the rural training unit, has been seconded to the Rural Advisory Service staff for a six month orientation training. This appointee will ultimately be employed by the Council as Manager of the new Unit.

Yet another innovative scheme has been established in North Yorkshire with the help of the Rural Advisory Service. The problem of this area was its very remoteness and sparsity of population. A conventional adult training centre could not operate as the distance for trainees to travel is prohibitive. The economy of North Yorkshire is mainly reliant on the farming industry and therefore most mentally handicapped people come from that type of background. With grant aid allocated by the Rowntree Trust for the purposes of development and research of the project, North Yorkshire County Council have been able - with the practical guidance of a Rural Advisory Service Officer, posted in North Yorkshire - to create a mobile rural training unit. An appropriately converted double decker bus, which acts as a 'Resource Room', commutes between two large garden sites - in one case, adjacent to an elderly persons' home, and the other adjacent to a children's home. Both of these units are able to provide the bus with essential services (i.e. electricity, water, plugged in telephone, toilets, etc.). The bus spends two days a week at one site and three days at the other, alternating the extra day for each site. Thus mentally handicapped trainees can be drawn from a very wide area in a part of North Yorkshire where no provision of service had previously been possible. The rural training is welcomed by the parents - many of whom are farmers.

Sheltered Employment

It has become obvious that, whether or not mentally handicapped people after appropriate training reach a level of proficiency which could enable them to hold down jobs in open employment, such positions are not available. There are two main reasons for this situation: (a) both the horticultural and agricultural industries are very technically and mechanically organised each requiring few, but highly qualified, workers; and, (b) the opportunities of open employment for mentally handicapped people, when in direct competition with the able-bodied population and at a time of deep recession, are negligible. Therefore a method of using the considerable abilities of trained mentally handicapped people had to be found.

Sponsored by the NSMHC&A a three-year period of research was undertaken, jointly, by Bath University Horticultural Department and the Rural Advisory Service. The task of the Research Officer at Bath University was to look for crops which required highly labour intensive methods of husbandry for their production, produced high value commodities and were suitable for growing by mentally handicapped people working under skilled supervision. The research found that many such crops, including plants suitable for drying and processing, herbs, exotic vegetables, rare seed production, plants grown for foliage, winter salad crops and others, were being grown abroad and imported for sale in this country because the high cost of labour needed for cultivation prohibited their production. The research also established that frequently such imports were of poor quality, resulting in deterioration of market demand and frustration of the buying public. These conclusions enabled the Rural Advisory Service to introduce to those rural training units and adult training centres employing horticulture as a training medium, the idea of using highly labour intensive crops so that, once trained to an appropriate level of proficiency, mentally handicapped people could progress from the training centre environment into sheltered employment where their endeavours and skills could earn them the right to payment at the wage rate for the job.

The Rural Advisory Service has also had discussions with the Sheltered Employment Branch of the Manpower Services Commission. The talks have concerned the criteria followed by the MSC for the creation of employment for disabled people under sheltered conditions. In most instances the rules were shown to be inappropriate for the creation of employment schemes for agriculturally and horticulturally trained mentally handicapped people drawn from the established rural training units and local authority training centres. The already established sheltered employment schemes were operated on the principle of bringing together a percentage of the total disabled population of a given catchment area. This percentage is in the order of 3% per thousand of the population and the total complement of sheltered employees at any one workshop is about thirty. This figure was set on the basis of mainly industrial work (e.g. assembly work, furniture making, packaging, etc.).

The proposal by the RAS that a very specialised form of horticulture be used as the work medium meant re-examining these criteria and recognising that commercial horticulture is an industry which normally employs fewer but more highly qualified workers. Aware of the urgent need to cater for the employment of many of their mentally handicapped trainees, who had successfully completed their course, Fairfield Opportunity Farm was, with the aid of the Rural Advisory Service, prepared to take the initiative in demonstrating the possibilities of sheltered employment using as the work medium crops requiring highly labour intensive methods of husbandry. Fortuitously, an old established but run-down glasshouse nursery, adjacent to the Farm, came onto the market and with the advice and guidance of the Rural Advisory

Service an entirely new approach to work opportunities for the mentally handicapped was made possible. Fairfield acquired the property and a detailed development plan was prepared to utilise the facilities of the nursery as a sheltered workshop. A cropping programme, based on the results of the crops researched and trial grown at Bath University, was drawn up. This showed the economic possibilities of such an enterprise, provided that well qualified and experienced horticultural supervision was available.

At this point, the whole scheme was placed before the Manpower Services Commission for their comments. Following a long period of negotiation with Fairfield and the Rural Advisory Service, the decision was reached by the MSC that they were prepared to recognise the horticultural sheltered workshop. Further, MSC were prepared to allow this scheme to favour the employment of a single category of disabled people - the mentally handicapped. The usually accepted criterion, which required consideration of all categories of the disabled when setting up a workshop, was waived. A further departure from usual procedure was permitted when the requirement that about thirty people should be employed was waived in favour of engaging, at least at the outset, no more than three mentally handicapped workers. In accordance with normal arrangements, MSC provided capital outlay of 75% of the purchase price of the nursery and equipment. Deficiency payments for this project will become available at the rate of grant allowed under legislation, which is 90% of the deficiency in the financial year, with a maximum of £1,750 (1981) per 'approved worker'. Further negotiations resulted in the Manpower Services Commission authorising a six month period of orientation training during which mentally handicapped workers would still receive wages at the rate for the job. Interest in such schemes continues to gather momentum and projects for Cornwall, Hampshire, Clywd, some London Boroughs and Yorkshire are in various stages of planning.

The Manpower Services Commission is currently encouraging the introduction of Sheltered Industrial Groups (SIGS), once known as 'enclaves', as another method of creating work for the disabled. Some such groups have been established for a number of years -

notably in the large urban areas where there is sufficient scope in the maintenance of publicly owned open space to allow for the employment of gangs of disabled gardeners or estate maintenance labourers. Thus Croydon has mentally handicapped people maintaining the grounds of its old people's homes and Sheffield has Sheltered Industrial Groups working in its Parks and Recreation Department.

In the event of a loss being incurred in a Sheltered Industrial Group scheme, there is an entitlement to deficiency payments at the same rate as that for sheltered workshop schemes. In view of that fact it should be acknowledged that in many instances the establishment of a SIG, by either the Local Authority or a Voluntary Agency, could be the cheapest method of creating sheltered employment.

The contents of this paper emphasize that rural pursuits are now most important constituents within programmes designed for the mentally handicapped. The ultimate goal of open or sheltered employment will be reached by only a few attenders at adult training centres. However, even a very small throughput allows for some new entrants to be accepted. At a time when adult training centres often have growing waiting lists for admission, that tiny throughput is most important. Thus, the creation of employment through the use of horticulture in sheltered work and sheltered industrial group activity is becoming recognised as one more method of improving the nation's services for the mentally handicapped.

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HANC: HAMPSHIRE NEW CURRICULUM

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Origins

In 1973, the Andover Branch of Mencap[1] asked two independent psychologists to undertake an assessment of all the trainees attending the local Adult Training Centre[2]. This seemed a perfectly reasonable enterprise, for almost no systematic assessment of any kind had been made during the trainees' time at the Centre. The files contained little in the way of useful information for anyone planning training programmes; medical reports were kept by doctors and social work reports by the local Area Social Work Centre. There were almost no records of school history, although in two cases an intelligence test score, dating back many years, was found. No regular review or planning procedures were operating and social work support was only available in crises. Despite this, the A.T.C. staff had a wide fund of personal knowledge about many of the trainees and, in some cases, through family contact, valuable educational, social and medical history was known. The main activity of the Centre was industrial bench work with a small proportion of time spent on 'formal education' and 'domestic training'. Various sporting and leisure activities were also undertaken. This picture was fairly typical of ATCs throughout Britain in the early 1970s and is a reminder of how much things have changed over the past decade.

The initial psychological assessments undertaken at Andover were thorough, but cast in a traditional mould. As part of the assessment, social work reports were also made and each case was individually reviewed by a team of professional workers. Looking back, it is easy to see the defects of this whole process. The assessments were long on description of the trainees' functioning and home background, but short on suggestions for action by professional workers. Cognitive and motor functioning and educational attainments were emphasised, whereas the real-life application of social and practical skills outside the Centre was given comparatively little weight. The whole assessment process was run by professionals; the individual parents and trainees themselves were not partners in the sense that we would expect today. Most serious of all, the assessments were 'laid on the table' and ATC staff were expected to translate them into some worthwhile

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1. Mencap: At that time the National Society for Mentally Handicapped Children.

2. A partnership involving Hampshire Social Services, parents and the psychologists was established at the outset of the Project.

form of action. But, before getting too gloomy about our own fumbling beginnings, it is worth remembering that they were the start of an entirely new approach in Hampshire and that there are still adult centres in Britain operating on a similar model.

Following this first stage of what became the Andover Project[3], the Mental Health Foundation supported a further research and development programme spread over two years. It was during this time that we began to develop ATC based assessment in partnership with families, started to loosen the assumption that deficits and needs are the same thing, and looked closely at the problem of implementing the organisational changes required before an ATC can become responsive to clients' needs.

From this sprang a fundamental tenet of HANC (Hampshire New Curriculum): that the output of assessment should aim to change the behaviour of the professionals, relatives and others who teach, care for and guide the handicapped adult, and should not simply be a statement of the client's strengths and weaknesses, or worse still, a statement of his place within a static, or 'given' curriculum. It is essential that any assessment and curriculum building process is an integral part of the system which shapes and manages the activities of staff and others. Too often, well researched ideas, or individual staff training based outside an institution, fail to have any impact because we have ignored to husband the ground on which these seeds must try to take root. Because the Andover Project was a partnership between the Local Authority, the local parents' organisation and the psychologists, the ideas and methods were developed by those who had to implement them, so giving the problems of service implementation due weight.

The over-riding importance of modifying or preparing a whole service system before more specific techniques can be successfully implemented, may not have been fully appreciated at the time; none-the-less, the basic approach was established and became a foundation of HANC.

HANC is concerned with all that happens within the ATC and also with the effect of ATC attendance on clients' lives outside the Centre;

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[3] Shackleton-Bailey, M.J. & Rosier, F.N.G. The Andover Adult Training Centre Project, 1973-1976. Hampshire Social Services. Price £1.00

thus both hidden and visible curricula fall within its ambit.

The Hidden Curriculum

Normality, Respect for Individuality, Adulthood and Independence are four main themes which have been stressed within HANC. It is often more difficult to change attitudes to handicapped people than to change more explicit techniques for responding to identified needs. A video film is currently being made in two Centres which illustrates many of the ways in which our attitudes and behaviour towards handicapped people differs from that which we adopt to non-handicapped members of the community.

We have found that video films, in which imaginary, but realistic situations are portrayed, can be very successful in stimulating groups of staff to consider attitudes and practice without the resentment and defensiveness which we all feel if our own particular behaviour is critically scrutinised[4]. The aim is not to create a new set of rules of do's and don'ts, but to encourage a questioning approach to our relationships, based on the central idea that we should treat handicapped people as we would wish to be treated ourselves. For example, do we talk about people in front of them, as if they were not there? Do we refer to handicapped adults as 'kids', or 'boys' and 'girls'? Do we reprimand in a manner which would invite violence in ordinary society? Do staff wear overalls, whilst trainees do not, as a mark of status rather than as a functional necessity? Do we use first names for the adult handicapped, whilst expecting them to use staff members' surnames? These and many other questions need to be asked by everyone working with handicapped adults. In many cases there will be broad agreement on the answers, even if our practice is not entirely consistent with our expressed opinions. In other matters, such as the freedom within a day centre for trainees to choose their own activities, there will be greater disagreement. But the important point is the establishment of a questioning approach.

In HANC we have suggested that this must start with relationships between the centre management and the rest of the staff. Too often in the past, the organisation has been an authoritarian pyramid with the Manager at the top and the least able trainees at the bottom. Democracy, equality and respect for individuality create their own problems; it is often easier to run an institution on an authoritarian hierarchical model. To replace a system of values and personal relations based on such a model by one which puts the individual first, which views the trainee as client, and which relies on a common purpose, a mutual respect and internalised rules, requires great social and management skills on the part of those who run the centre day-by-day. Paradoxically, it may mean adopting attitudes to the handicapped which are not usually found in every day life, but then most professions do not simply hold a mirror to society, but rather take a lead in shaping society's attitudes.

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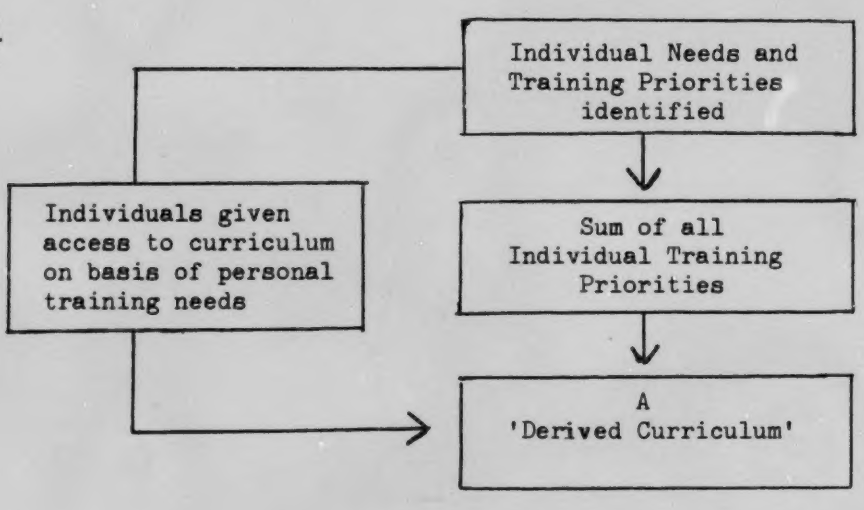
[4] We have used a similar approach - a 'home-made' video programme for initial staff training in family counselling; the video provides a framework and a stimulus for group discussion.

HANC - A Derived Curriculum

The development of HANC started with an assessment of all the activities undertaken by each ATC and of the reasons for including these activities within the centre programme. All centres operated what can be described as a 'given curriculum', in which industrial occupation and, in most cases, a small amount of 'education' were, together with a mid-day meal and some sporting and recreational activities, the staples of an unvarying routine. It would not be unfair to say that we could predict with good accuracy what any individual entering an ATC would be doing for many years to come. There is plenty of scope for discussion about the balance between occupation and goal-directed training, but the essential point is that trainees did not do these things because they, as individuals, needed to do them. They did them because these were the traditional activities of the institution to which they had to try to adapt. This closely reflected the school model, in which there is a more of less fixed or 'given curriculum' to which the child is exposed. His success is measured by his progress through that curriculum and our confidence in its value depends on a demonstrable connection between the curriculum and the skills which are required outside the school, often in later life. However, the needs of a large group of handicapped adults cannot be assumed in the same way and can only be identified through a very detailed understanding of the needs of each individual based on a knowledge of the handicapped person's learning difficulties and of the real life context in which new skills can be applied. Consider the contrast between trainees who can read, write and talk fluently and will eventually find permanent work and residence in the normal community and those who are mute, non-ambulant and unable to perform the most simple of tasks in caring for themselves. The range of learning needs is far greater, as is the range of learning difficulty, than in any of those institutions which successfully operate a given curriculum. Furthermore, many of the priorities are also 'given' in the ordinary school curriculum. Literacy and numeracy are paramount and the learning of many skills or subjects is organised in a natural sequence of difficulty. For the adult handicapped there may also be many obvious priorities (e.g., dressing before reading) which may be based on their importance to the individual as well as on the principle that walking should precede running. But with hundreds of defective life skills, often of similar difficulty (perhaps, for example, washing hair, counting change, or boiling an egg) the selection of priorities is not so obvious and cannot be made without reference to the individual. Consequently, the single most important aim of HANC is to replace 'the given curriculum' by a 'derived curriculum' in which the formal, planned activities of the centre are based on assessment of the needs of the individuals attending the centre at that particular time. In practice, the number of needs far outstrips resources, so it would be more accurate to say that HANC, a derived curriculum, is based on the high priority needs of its clients. This can be represented diagrammatically:

Figure 1


Individual Needs and Training Priorities identified
Sum of all Individual Training Priorities
A 'Derived Curriculum'
Individuals given access to curriculum on basis of personal training needs

A Hierarchical Framework for Assessment and Programme Planning

A first requirement for planning and managing a derived curriculum is a method for identifying an individual's training needs and deciding which of these are high priorities for training or some form of helping action. We could simply have a very long list which we could use, item by item, to note training needs. The problem with this is that we generate an enormous quantity of data for each individual, so that, taking the centre as a whole, thousands of bits of information have to be processed. A typical and fairly comprehensive personal inventory of skills might have about 300 items, which would mean that a curriculum manager in a 100 place centre would have to consider 30,000 pieces of information in order to plan and organise a derived curriculum. Clearly that would be an impossible task; too much information makes the problem of planning a curriculum just as difficult as too little information. So we need a much simpler list for curriculum planning, containing, perhaps, 10 items per individual. However, we still need a more detailed inventory for assessing individual needs, or may require an even finer breakdown when it comes to teaching. Thus, in practice, we find ourselves needing different levels of breakdown of practical and social skills, depending on what we are doing. In HANC we have tackled this problem by using the hierarchical framework - like a family tree - which is shown in Figure 2[5]. Level One (Self Care, Domestic, Community Living Skills, etc.) has 15 items and is used for curriculum planning. It is derived from Level Two, on which individual assessments of training priorities are based. For example, at Level Two there are 27 Self Care skills (e.g. feeding, dressing, bathing) and 60 Domestic skills (e.g. bed making, table laying, making toast). Level Three is a breakdown of Level Two skills into small steps; this is the level of a typical task analysis used for guiding and assessing in the actual teaching process.

If we are to use different levels of breakdown for different purposes, it is important that these are not unrelated lists. In practice, personal assessment of training priorities is undertaken at Level Two and in the light of this, a Level One priority is assigned.

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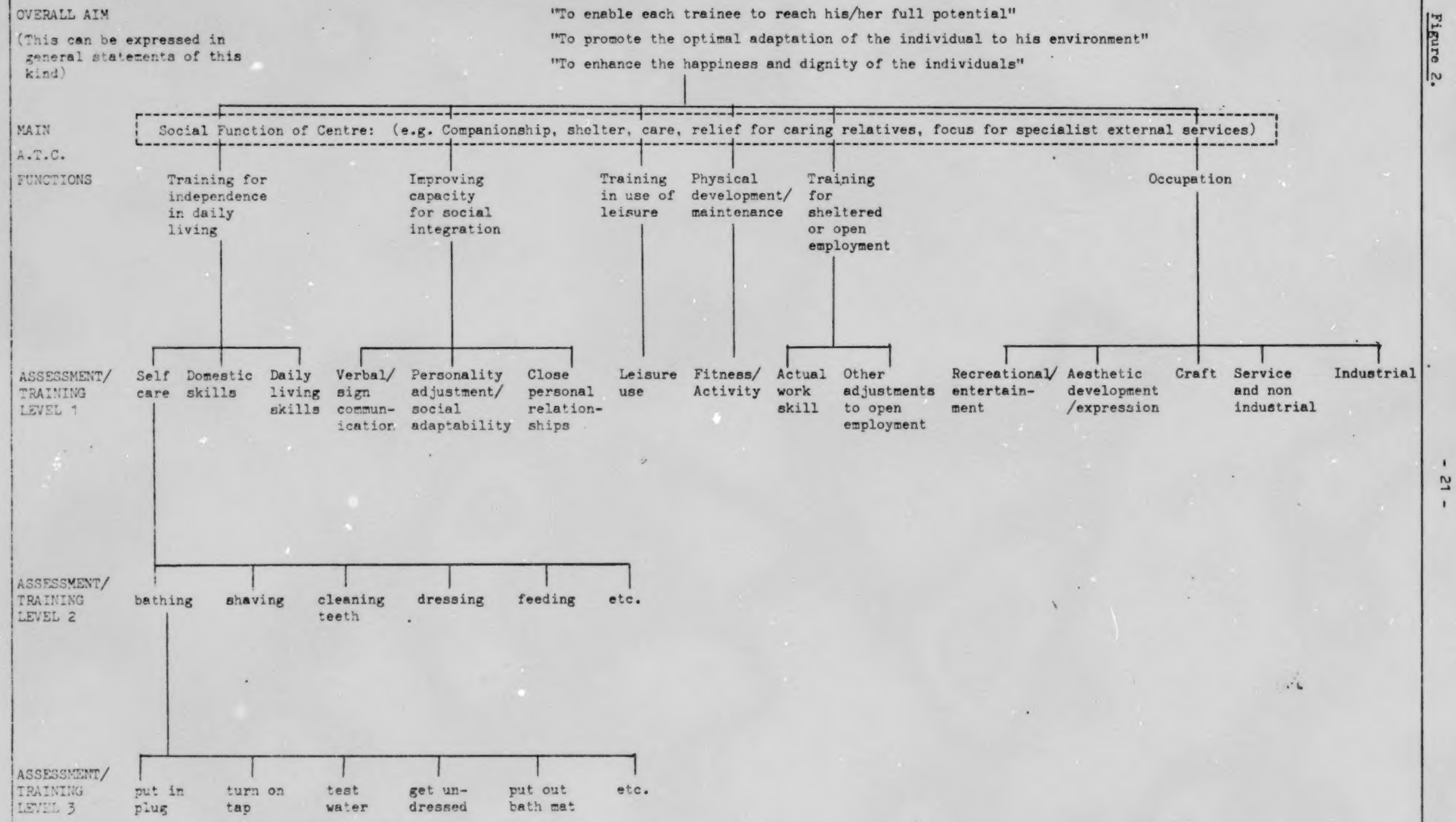
[5] Devised by the author and Mr. Graham Hiscock, Manager of Alton Training Centre.

Figure 2.

ADULT TRAINING CENTRES: A conceptual framework for assessment and training


OVERALL AIM
(This can be expressed in general statements of this kind)
"To enable each trainee to reach his/her full potential"
"To promote the optimal adaptation of the individual to his environment"
"To enhance the happiness and dignity of the individuals"
MAIN A.T.C. FUNCTIONS
Social Function of Centre: (e.g. Companionship, shelter, care, relief for caring relatives, focus for specialist external services)
Training for independence in daily living
Improving capacity for social integration
Training in use of leisure
Physical development/ maintenance
Training for sheltered or open employment
Occupation
ASSESSMENT/ TRAINING LEVEL 1
Self care
Domestic skills
Daily living skills
Verbal/ sign communication
Personality adjustment/ social adaptability
Close personal relationships
Leisure use
Fitness/ Activity
Actual work skill
Other adjustments to open employment
Recreational/ entertainment
Aesthetic development /expression
Craft
Service and non industrial
Industrial
ASSESSMENT/ TRAINING LEVEL 2
bathing
shaving
cleaning teeth
dressing
feeding
etc.
ASSESSMENT/ TRAINING LEVEL 3
put in plug
turn on tap
test water
get undressed
put out bath mat
etc.

For example, a person who has many high priority needs in items such as feeding, washing, dressing, brushing and combing hair, etc., would almost certainly be rated a very high priority in the Level One labelled 'Self Care'.

Metal wall planners with magnetic markers provide an aid for curriculum planning. A simple grid carried trainees' names down the side and the Level One skills across the top; different coloured markers indicate the level of priority for each trainee in each Level One. The curriculum manager uses this planner to allot time within the curriculum, based on the general level of need within the Centre. In, for example, the highly improbable event of nobody having a high priority need for Domestic Skills training, then this would not feature prominently, or possibly at all, in the curriculum. On the other hand, should most of the trainees have high priorities in this area, then Domestic training would be given corresponding weight. In fact, this has happened in practice and, in some Centres, this has led to a recognition that one person teaching Domestic skills in one training kitchen is not enough, and so pressure for additional facilities and staff time in this area has been created.

In this way, the derived curriculum responds to different levels of need which exist within different skill areas at any one time. But it is also responsive to more fundamental changes in need which may stem from important social and service developments. For example, new patterns of residential provision, increasing life expectancy and the changing social and physical character of many urban environments, all have a marked effect on the nature and balance of training need within a Centre.

Four Linked Assessments At Level Two

In coming to decisions about needs and priorities, we must use several sources of information, including ATC staff, trainees, families, hostels and schools. In the past, we have had little in the way of systematic assessment provided by people outside the ATC and where this has been available, the assessments were often of little use in curriculum planning. An I.Q. from a psychologist, or a bundle of school drawings, may be of some interest, but were often of little help in identifying needs and planning programmes. What is needed is assessments which give different people's observations and judgments, but also assessments which are couched in the same language and attempt to throw light on all the major questions. For this reason, four Level Two assessments with the same basic structure are used.

Assessment Instrument:	Completed by:
HANC - 2	A.T.C. staff and trainee
HANC - F	A.T.C. staff and families
HANC - S	School-based assessment accompanying new entrants
HALO*	Hostel (or hospital) staff

In practice, each trainee has two of these; HANC-S, which is eventually replaced by HANC-2, and a residential or family assessment (HALO or HANC-F).

It may be asked why we do not just have one Level Two assessment instrument and use this same basic version in ATCs, schools, hostels and with families. The reason is that, despite similarity of structure, there are important differences which depend on who is providing the information and for what purposes. For example, HALO has a built-in symbol system relating skills to those needed for particular types of residence (e.g. hostel, group home). On the other hand, HANC-S asks for historical information such as 'teaching input' and 'past progress', which are important to an ATC which may have little knowledge of a trainee's developmental history before transfer. HANC-F is the only one of the set of four which is designed for use in an interview, so although the basic skills lists are similar, much more space for writing is required.

These assessments are made easier to handle on a day-by-day basis through single sheet Training Priority Summaries, Family Interview Action Summaries and, finally, a Personal Priority List on which up to five most important training priorities are listed for each individual. The system is shown diagrammatically in Figure 3.

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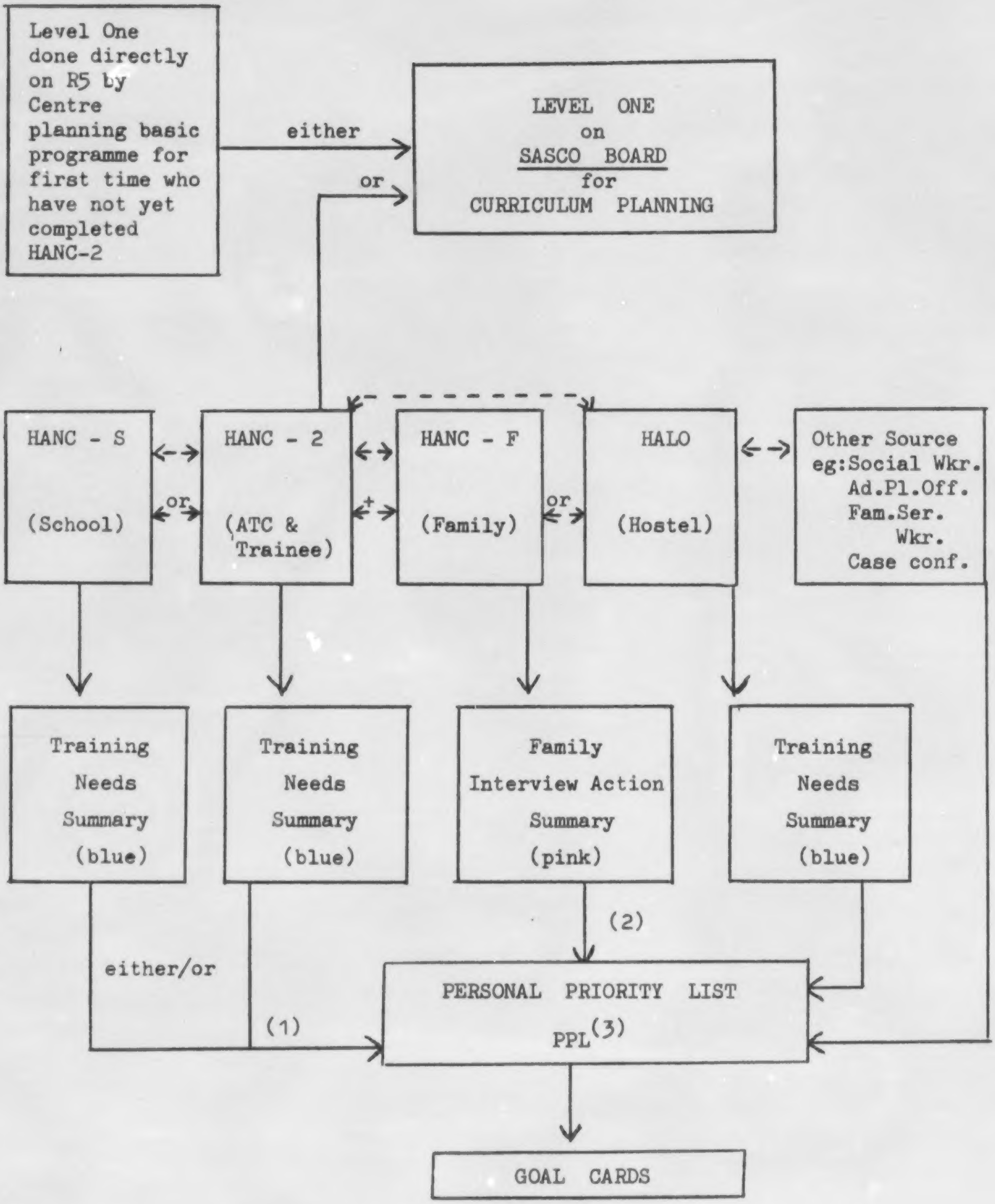
* HALO - Hampshire Assessment for Living with Others.

Figure 3.


Level One done directly on R5 by Centre planning basic programme for first time who have not yet completed HANC-2
either
or
LEVEL ONE on SASCO BOARD for CURRICULUM PLANNING
HANC - S (School)
or
HANC - 2 (ATC & Trainee)
+
HANC - F (Family)
or
HALO (Hostel)
Other Source eg:Social Wkr. Ad.Pl.Off. Fam.Ser. Wkr. Case conf.
Training Needs Summary (blue)
Training Needs Summary (blue)
Family Interview Action Summary (pink)
Training Needs Summary (blue)
either/or
(1)
(2)
PERSONAL PRIORITY LIST PPL(3)
GOAL CARDS

Ring-back folder includes:
(1) Training Needs Summary (blue) HANC-S or HANC-2
(2) Family Interview Action Summary (pink)
(3) PPL (white)

Training

So far only the decision making process - both for individuals and the curriculum - has been discussed and, even so, much of the detailed method has been omitted or glossed over. In fact, this does represent the major part of the HANC programme up to the end of 1981. It brings us back to a point made at the beginning of this paper: that training methods can only be successful if planted in fertile ground. Here the fertile ground is a system for identifying individual needs which can be used to plan a flexible curriculum, responsive both to the individual and to the "sum of all the individuals" within a Centre. Families, schools, hostels and the trainee have all been brought into the process through a linked assessment and decision making system.

We are now turning our attention to the actual training process itself and a number of centres and hostels have been successfully using a simple system of Goal Cards - which record baseline, goal, criterion, work in progress and outcome. These post-card sized cards enable hostels and day centres to employ an identical system for goal-setting which can be used in tackling behaviour problems, teaching practical skills, or creating environmental change.

Major aims are to create a system which staff members acquire a step at a time, which can be used in day or residential settings, which can be a starting point for employing any of an increasing number of published teaching aids or packages and, finally, one in which the amount of planning and recording can be tailored to available staff resources. It is important that every staff member should, eventually, be able to write a complete skills training programme, or use an existing package (e.g. the Copewell System[6], or Becoming Independent[7]), or analyse a behaviour problem. We will probably never reach a point where all ATC teaching is tightly planned and controlled. Indeed, it is doubtful, even were resources unlimited, that this would be a desirable goal. It may be enough to be familiar with precision teaching techniques and to use these and their associated paperwork selectively; the methodology should influence all teaching, be available for rigorous use where appropriate and yet give staff a chance to survive the avalanche of paper until the arrival of the desk-top computer. It is interesting to speculate if, when the time comes, we will welcome freedom from copious individual pen and paper records, or whether helpers and helped alike will turn tail in quest of nirvana.

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[6] Whelan, E. & Speake, B. The Copewell System. Hester Adrian Research Centre, University of Manchester.

[7] Westaway, A. (Ed.)(1978). Becoming Independent: A Living Skills System. Edmark Assoc. : Bellevue, U.S.A.

THE MEANING AND SIGNIFICANCE OF CURATIVE EDUCATION *

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* This article is based on a thesis submitted by the author in fulfillment of the requirements for a B.A. degree in Curative Education at Susan B. Anthony University, Missouri.

Introduction

This paper seeks to describe the origin and present day situation of Camphill Communities which were founded by Dr. Karl König in 1939. From the outset Camphill has cared for the less privileged in society, the ill, those who have a handicap, and the child who is in need of special care. However, the idea was also voiced by Dr. König that the methods and principles on which Camphill is based could extend beyond these communities and could enrich the life of man in general.

> "Looking back to the early beginnings, we can observe a slow uphill advance. It is by no means a story of success and splendour. It is a tale of trial and error, of hard labour and of many failures."
>
> König (1965)

Camphill: its Origins and Impulse

With Karl König a small group of refugees gathered together in 1939 at Kirkton House, in Aberdeenshire, to lay the foundation for communities which would care for children with special needs. Curative education in its widest possible meaning was to be established. But what does 'curative' mean? To cure means to heal. An attempt was to be made not only to heal the symptoms through direct approach and medical means but to develop every aspect of human nature. To educate means to lead out (qualities which are within) so there should be a holistic approach to child development followed by a further unfolding of the individual's personality throughout life. How the child is approached by the individual teacher and how he adapts to his surroundings will have an influence on his physical and mental health in later life.

From its beginning Camphill was a pioneering influence in helping and educating even severely subnormal children and adolescents. Its emphasis went far beyond just the provision of physical care and a caring environment. Long before the Education Act of 1944 Dr. König recognised that there resided within each child a kernel, an inner self, which was undamaged and could therefore be educated. Today such a view is generally acknowledged and accepted within the practice of other institutions. However, the history of Camphill - its growth and development world-wide - shows what can be achieved if the fundamental philosophical impulse continues to survive in those who live and work within its orbit.

What is it that Camphill Communities attempt to do? This question is real for us who live and work in Camphill and needs again and again to be answered. Dr. König provided the answer on many occasions:

> "The handicapped child, whatever his condition may be, is more than his physical appearance may indicate. He is more than his body, more than his emotions, more than his spoken or unspoken words. He is even more than his achievements. In his appearance he is merely the outer shell of an infinite and eternal spiritual being."
>
> König (1965)

This is not a view that society is accustomed to or one which the educator normally takes in determining the nature of an educational programme for a severely subnormal child. It should be the teacher's main aim to recognise that in each child - whatever his appearance or behaviour - lies this kernel of his existence. With this in mind the approach to the child who is handicapped has to be seen from a different point of view. As König (1965) pointed out: "we deal with the child who is handicapped and not with the handicapped child."

If in spite of the handicap, the individual child or adolescent is approached in the belief that he will learn to master the handicap, to come to terms with it, as anybody who has a temporary or malign illness has to do, then the task of the educator is to deal directly with the child's inner self. Accepting this point of view is the challenge which is presented to those who come into contact with the handicapped. In every man there is that which is divine and seeks recognition and an opportunity to grow regardless of in what outer form it may appear.

To meet the challenge, to recognise that in every man there is that which is indestructible, demands from the curative educator a strict discipline of self-motivation and self-development. Faced everyday anew with the riddle of outer imperfection, the task is to break through this wall of physical and mental deficiency with empathy and true understanding of the other's personality.

It is a formidable task on the part of the teacher to attempt to call forth, whether in education or in therapy, the full potentiality of a handicapped child. And this asks for a constant inner striving of the educator to be creative, to stimulate the child with the help of his own imaginative powers. His facing up to the responsibilities of the child's destiny, his conscientiousness for the work with child or adolescent must become a daily exercise. Immense energy and courage must lie at the root of his approach in teaching, therapy, or any other field of activity he is involved in when dealing with the handicapped. The moments of peace and creativity with which he will want to surround the child must also be fostered in himself. Inner search and quietude are the means to establish the equilibrium that is needed in his daily encounter with his task. Thus an essential feature of Camphill life can be seen in the striving for continuous inner self development by the curative educator.

One further characteristic of Camphill communities relates to interpersonal relationships and the kind of environment in which these can most suitably take place.

> "We have learned to understand the lasting influence which a mother has on her baby. We know that no infant will grow up unharmed without the loving care and personal dependence he received from his environment. We begin to recognise the powerful character formation which a family extends over its members, and we have studied the influence of the larger community on each one of its members."
>
> König (1965)

In order to evolve and make full use of his/her potential of development man cannot live in isolation. He is a social being and needs others for fulfilment. If he remains in isolation, his full faculties are not brought to the fore. Only with social interchange and opportunities for sharing ideas and resources can man fully develop. If he can be stimulated by education or by compassionate warmth from another, he will be able to develop and his true character has a chance to reveal itself. This of course is the case not only with the adult but also with the child and adolescent. A basis for this is given in the words of Steiner's fundamental social law.

> "In a community of human beings working together, the well-being of the community will be the greater, the less the individual claims for himself the proceeds of the work he has done; that is, the more of these proceeds he makes over to his fellow workers,

> and the more his own requirements are satisfied, not out of his own work done, but out of the work done by others."
>
> Steiner (1958)

In a community setting the effort each individual makes towards this aim is immensely important as a means to enhance the development of the total organism. To this end it is important that work which is carried out by each single member of the community is not only for his own need but is to enable others to perform more freely the task on hand in order that each individual's needs as well as those of the community can be met.

The whole man also has several needs: he has the right to exist and to do the work which he feels best able to do out of his own inner conviction. In that he is equal to all other men, he also has to learn to respect others' needs. He cannot expect that others live exactly like him or that they have identical needs. A sense of freedom is necessary in that every man needs a certain amount of privacy in which he can be completely himself without taking into account the proximity of his neighbours. He can then freely turn to personal study or pursue his own spiritual needs and surround himself with his possessions and hobbies. We must bear in mind, however, that an awareness of the whole community must at all times be fostered and accompanied by this 'inner voice' which is the human conscience. Harmony must be foremost in the minds of all those who live together.

The environment created out of the striving of the single individual to work together with others, should provide for the handicapped child or adult a security in which the latter can be made aware that all his human needs are respected. In such an environment the handicapped newcomer will find security and warmth which will enable him to develop and call on the more hidden aspects of his personality, the recognition of his inner self.

Whether in a community based on a boarding school or a village setting where adults live and work together, the essential aim of Camphill communities is always to try to care for and educate, to share all the tasks and help to answer all the different needs arising;

to help in such a way is always to appeal to the highest potential in each man. This means to recognise the law of destiny, to come to an understanding of it, to face it and to learn how to live with it. This is possible when those living together are prepared to share everything with each other, not ruling the other but knowing that the other, too, carries the root of all existence, the divine impulse, that each has a common spirituality from which he derives and the meaning of which he is trying to understand.

The development of Camphill Communities

When Karl König arrived as a refugee in England in 1938 he carried the conviction with him that he should try and preserve the essence of European culture amidst the outbreak of chaos, a seed of universal human truth, of man's inner freedom, dignity, and longing for peace. He was ready to serve, even in a land in which he was an alien, as he had served before, when, in his large medical practice in Vienna, he had helped so many who came to him for advice in their time of need. Some followers who joined him were trained in curative education, others were not. Yet together they were willing to establish another home for the many who needed care.

Many handicapped children in Britain were in a similar situation to that of the refugees, homeless, often misunderstood, not wanted in the society into which they were born. However, entering this new kind of environment that was to be created, they could feel at home. Yet the challenge the children presented was of such a nature that a new way of life, of living together, was demanded.

Not only was there a need to educate the child but a special understanding of their behaviour was required. "Everyday was, for us, a new trial in humanity and self-education." From the very outset it was decided not to employ staff but to carry out all aspects of the community's work in a spirit of mutual help. Included in this were all the children - including staff children - whether handicapped or not. Education in the fullest meaning of the word was thus concerned with exploring the roots of existence and did not confine itself to intellectual development only.

Very soon it became necessary to come to a full understanding of the phenomena presented by the handicapped child. Daily a new approach was required as experience accumulated and changing needs had to be met. A social setting was provided which gave the children the shelter they needed and at the same time allowed them to unfold their individual qualities. The task of the educator grew in dimension. Under the guidance of Dr. König each member was led to reflect on the daily phenomena and the riddles which a person who is handicapped presented. 'The Image of Man' had to be upheld, upheld in such a way that the eternal in man, which keeps body, soul and spirit together, is not overshadowed by the handicap from which the individual is presently suffering. An inner reflection, a self-scrutinising, a search for self-knowledge to find an answer to many questions became a necessity for each member of the community. An essential help in this search proved to be the seminal work of Rudolf Steiner. A conscientious study of his writings by individual members as well as by groups still forms a fundamental basis for the work.

Dr. König demanded that the education of the handicapped should be an all-encompassing one and one that allowed them the dignity and freedom to learn to express themselves like any other citizen on earth. This reverence for the spirit in man is the fundamental principle on which Camphill communities were founded - their essential principle.

It was round this understanding of the deeper forces in man that the further shaping of the communities took place. Man in the world needs to be understood, for this purpose the world - ancient, modern and future - has to be searched for enlightenment. While history has left its mark on mankind its impact often is not highly regarded partly through lack of understanding but often because we are trying to find new and 'better' ways to progress.

Man's education needs to be whole, all-round and not fragmented. To have a truly comprehensive education is not a far-fetched ideal but a necessity. In a 'comprehensive' community the need to observe the Festivals (Christmas, Easter, St. John & Michaelmas), their deeper meaning for mankind, takes shape in the context of trying to understand what the handicapped child demands of his fellow man. The need is to develop a deeply religious attitude to life not coloured by any form of religious dogmatism but in recognition of the fact that Christianity is a healing force for man and the world in which he lives: an attitude which accepts, and is not intolerant of, other great religions.

The seeking of values corresponding to the dignity of man underlies the varied phases of the communities' development. The resulting structures are never rigid. Continuous transformation takes place, awareness is fostered to keep pace with contemporary trends. We are stimulated by all those who live and work in the communities and who contribute from their own experience. The rapid growth of Camphill Communities represents an attempt to answer a need of our time. This is underlined by the fact that what began with a small group of refugees has now grown into a world-wide movement. At the time of writing, approximately 2500 children, adolescents and adults are in the care of, or live within, Camphill Communities. These Communities vary greatly in size and in the tasks they fulfil. However one has to bear in mind that one community, started in response to a particular impulse, may adopt in the course of time a new aim and may change its original intention in answering a present need. However the fundamental principles which give the cultural basis for the communities' working together are the same.

Patterns and Rhythms in Community Living

The community began as a small group of people struggling to cope with their many daily tasks. A home or family atmosphere had to be created. A daily rhythm had to be attained. The aim was to motivate the children constantly and to equip them with the tools in order that they could cope with whatever was to face them in later life.

Soon the daily rhythm was enhanced by going out from home to school, to receive various forms of therapy and to participate in a wide range of activities. Yet even with the growth of the communities the security of the family-home created by the co-workers remains the base from which all activities begin. Clearly households differ, in that the houseparents give them their personal and individual touch. It may be a husband and wife with their own children who extend their family to incorporate other children and adults thereby creating one large family group. Or it might be a single person who, with a circle of staff members, creates her particular home atmosphere. More often, it is a small group, male and female, who take care of a unit providing basic security for those who come to them.

The daily rhythm is a demanding one, tasks are shared and must be accomplished by each individual regardless of ability. Each child has to learn through experience and frequent repetition how to cope with life through household chores, meals, cleaning or personal hygiene. Help is always readily given but more as an encouragement to achieve for oneself, to create self-respect by having conquered the near impossible. Like a fine thread this aim to reach beyond the handicap is woven through the pattern of life which is expressed in the structure of each day, week and year. A rhythm is consciously created which relates to mankind's evolution. This does not include any mystic vision or spiritual path as this must be left entirely to the individual's own free decision to pursue.

Although the day may begin and end with prayers, this has nothing to do with indoctrinating a particular pattern of religious attitudes. It is a thanksgiving. In the morning, to welcome the opportunity to experience the world afresh. In the evening, to close a fruitful day of achievement and to lay aside the worries which the day has brought. The grace at mealtimes is not just to give thanks for receiving food but should lead to an understanding of how much effort is needed to make the meal a daily occurrence. The process of understanding is helped by the fact that many of the communities grow some of the food they consume and involve all children and adults in its production.

Within the weekly framework are the religious lessons and the Sunday Services. Each child's background is respected, and the religious lessons given by the teachers are not of a doctrinal character but rather seek to lead the children to experiences of life. Legends and parables are presented in an imaginative way to which the child can relate. The stories of the Bible are often linked with the seasonal festivals. The historical aspects of the life of man and his origin are based on the conviction of the teacher but are presented in an undogmatic and non-sentimental way. The teacher's task here is a delicate one, particularly in relation to the older child. He can express his own convictions but must always leave the child the freedom to arrive at his own belief. He must set an example for the child and give a basis for further discussion. The older child is often encouraged to pose his personal problems, in the hope that an answer given by a tactful teacher may help to eliminate feelings of insecurity.

In a community such as that described, many different people enter at various stages of their life's experience. To some newcomers the religious observances may be alien and create a stumbling block. However, as the communities' acknowledged task is to find the true image of man these obstacles, as at first they seem, can be removed as understanding grows.

The home life of the child includes as many of those activities as possible that can be found in any ordinary home with the difference, of course, that a large circle of people share in a more intense social interaction. Hobbies, such as crafts, outings to the country, sea, theatre and club activities are encouraged. The cultural life is rich. On many weekends events take place in which the whole community takes part. These may involve visits in some places by artists who give concerts or courses. Activities such as plays and mimes prepared by the co-workers and children are much appreciated. Visits from other schools - not necessarily schools for handicapped pupils - that offer performances are always greatly welcomed.

The seasonal festivities create a stimulus to enact plays, to come to an understanding of the rhythm of the year and an opportunity for a renewed enquiry into the historical and Christian meaning of the Festivals, today so obscured by everyday commercialism. Preparation for and participation in the Festivals act as an awakening process for the child who over the years finds in such dramas a reflection of his growing self. Pupils who have left the communities and found other tasks in life often return at these times of the year which continue to remain highlights in their lives.

Camphill Communities do not segregate the various kinds of handicap but mix them knowing that all men are at different stages of their personal development and need the help of others to progress. For example, a Down's Syndrome child can be of help to the autistic child. I can confirm this from personal observation. The Down's Syndrome child in his approach to others is usually outgoing, selflessly giving himself without being assertive. The withdrawn nature of the autistic child is diminished when the Down's Syndrome child takes a natural interest in him. Compassion is also observed in the maladjusted, or more clever child, when meeting one who is physically more helpless and needs basic care. Contrary to natural law, it is here that the stronger is compelled, though of his own choice, to help the weaker. Compassion is a key word which does not need to be taught to the handicapped person, who encounters his fellow man generally with greater empathy and understanding than do the 'strong and normal members' of our society. This can open the eyes of the curative teacher to the message which the less fortunate bring to us.

From the home, the child goes to the class in which he meets friends from other units of his own chronological age group. The classes are seldom above fifteen in number and on average will have twelve pupils. The grouping is, to begin with, formal, the subject matter taken from the curriculum as given to the teachers of the first Waldorf School, or Rudolf Steiner School for normal children, by Rudolf Steiner himself. The Waldorf curriculum which spans the twelve years of schooling gives the teacher only the basic tools. With these he is left free to develop his own method of presentation according to his ability and interest and to modify and adapt the curriculum to the needs of the child in need of special care. It is a challenge for each teacher as "it is not a question of learning something in order to teach it again, and to teach it the same way as learned - but whether there is the ability, the patience, the persistence, the temperament for establishing a relationship with children." (Wilkinson, 1978)

The teacher's responsibility is to bring to the child that which is appropriate to the child's stage of development in such a way that he interprets the subject matter and makes it at all times alive and interesting in order that the pupil will fully participate. Steiner's advice that you must have your subject at your finger-tips demands a preparation so intensive that intuitively the teacher is able to follow the class mood and act accordingly. If the teacher is really interested in what he teaches he will find methods of conveying it to his children. The more enthusiasm shown by the teacher, the better the result. No effort should be spared from trying to do the impossible in the classroom.

In the case of the deprived or early institutionalized child a lack of motivation can be observed which in later life may deprive him of interest and enthusiasm for learning. While the time sequence is shifted in the development of the subnormal, yet development is just as possible as with the normal child. Bearing this in mind, the same curriculum is given to the subnormal child and adapted to the slower pace of development. This would argue for an extended period of time for education in the case of the handicapped to well beyond the age of sixteen, to at least the age of 19.

The Collegiate Ideal: Economic Considerations

The communities try, through self-education and group studies, to gain a deeper knowledge of man and the world. There are no text books conveniently available. In addition to their own individual studies the teacher, co-worker, therapist and others seek to further their knowledge and understanding through participation in various groups, conferences and study evenings, activities in which the whole community engages.

One distinctive facet of the life of the community is the college meeting, at which a special study of one child is made. However this is more than a mere case study. Here the medical adviser, therapist, houseparent, teacher, dormitory parent and others closely linked with the child meet. They come together not just to discuss the child's problems but to come to a deeper understanding of why a particular behaviour has manifested itself and what measures can be taken to help the child. Almost certainly the meeting will recommend a new approach in therapy or a special emphasis in the method of teaching or new tasks in the house life. Yet of much more significance is the concern shown by a wide 'ring of people' for the child's development and for the problems he has to face. As a result the child is likely to feel more secure and better understood, even if his illness or handicap remains a puzzle and presents the community with a continuing struggle.

The college meeting can also be used for the examination of other 'symptoms' which arise within a community. The term therapeutic can also be applied here. A certain healing comes about when a problem is faced in common by a group of people who dare to lay it open, examine it and resolve it.

The 'fundamental social law' quoted above, leads to the understanding that man cannot be paid for his deep interest in and love of his work and for the service he performs. Thus man can only be free if the work he does is not fettered by monetary reward. The reward lies in the knowledge that through the efforts of others my well-being is provided. This demands a deep respect of each other's need and a removing of obstacles which otherwise might hinder this process. In monetary terms how can one assess the amount of care and motivation needed to enable the teacher to teach his pupil? In our society, man has become a slave to money. The present wage system restricts man's enthusiasm and freedom to work. It is a vicious circle: 'Because I earn I must work, and I must work in order to earn.' The stimulus to work should reside in the nature of the work to be undertaken. Part of this stimulus lies in the knowledge that the work being done is to provide for others' needs. If man is freed from economic bondage in this way and if in togetherness he judges all he does for the good of the whole community, then no dictatorship can arise.

The destructive feeling of being an underdog in relation to one's fellow men can be overcome by freeing oneself from the slavery of work linked to payment. Otherwise the wish arises to earn more and more and to compete - but to what end? Here the handicapped person has a message for us - since he is rarely able to compete in open employment. He can give himself, his strength, his love, his compassion without reserve to an other, if he is acknowledged as a full member of society. In his need he calls for help; the help which all should extend to each other. Truly helping the other means to recognise the brother next to one, by so doing each is able to unfold his full potential through the joy he feels in executing his work and achieving a sense of satisfaction in beholding the finished product.

The Camphill Communities try to achieve this formidable aim by not owning, as individuals, any property or seeking the accumulation of possessions. The economic strength of such a community can be quite sound if such principles are followed. Resources are freed which otherwise are not available. The common effort is directed towards one aim at a time.

In 1954 a group of parents in Britain turned to Karl König for help to provide a meaningful existence for handicapped young people. It was felt that an opportunity should be given to them to integrate and to contribute both socially and economically. The challenge came at the right time for it met the Camphill aim of creating forms of social and cultural life which might help prevent the present decline in society. The aim was not to create a sheltered environment for those who were less able. Various workshops were set up in which the opportunity to undertake weaving, baking, glass-engraving, toy-making, woodwork, pottery were presented. Gardens and farms were also established which produced food. The products of these enterprises not only were used within the villages but were accepted in the open market. With few exceptions this joy in work is shared by all handicapped people and gives a distinctive character to the whole community. As the smallest effort and contribution is recognised by everybody the atmosphere of tolerance and happiness in accomplishment is remarkable and enables each one to share in the other's achievement.

The current trend towards the integration of the handicapped into society would be justified if society at large could - like Camphill from its very beginning - live with as opposed to simply provide for the person who is handicapped. Separation is only justified when there is a need for specific instruction in a particular field of work, education or therapy. Otherwise the communities, however big or small, have always attempted to live on an integrated basis. From pioneering the 'village' idea for adults other developments have emerged - training centres, further education colleges (Delrow College, College Elydir, etc), factory facilities (a box factory in Germany; Triform, Bedfactory in U.S.A.), apprenticeships (in community) for those who needed the help of their fellow men.

The critical period which often arises after the founder of a 'movement' has died and which leads to the decay of the organisation has not occurred in this instance as a structure was built before König's death which was a wise and flexible one based on human insight and interest. Now that the organisation's members are drawn from a variety of national backgrounds a broad response can be made to whatever needs arise in the future.

Summary

It has been the purpose of this paper to show that Dr. König met a need of the time. A particularly important contribution that he made in this field was to establish communities, social structures in which the handicapped could find security and dignity and in which they could unfold their individual potential, often well beyond previous expectations. The combination of caring for them in a family-style setting with an education adapted to their needs, and in a positive supportive environment permitted a gradual healing to take place.

All this König achieved. But he also left us with a challenge. For he pursued an ideal which contains a new vision of man. His fundamental recognition that every person who is handicapped carries within himself that which is perfect, was a totally new idea and an inspiration to all who worked in these communities.

This vision led to research into why the child or adult is defective and what causes this 'deviation'. It was a most striking assertion that from a study of the pathological would come an understanding of the 'normal'. Such research has to be combined with compassion, however, and leads to deeper contemplation of the diverse and complex roads travelled towards that 'image of man' with which both Karl König and Rudolf Steiner present us.

The global network of Camphill Communities, established as a result of this therapeutic impulse try to answer the call for help. Those who respond, seek to uphold the dignity of man when they see that it is threatened. The ideal is a high one. As has been shown, one essential is continual self-appraisal and self-development. Each member must struggle to overcome the obstacles to the realisation of this vision within and beyond himself.

It must be stressed that Dr. König based his work on Rudolf Steiner's teaching that man must be considered as a whole. This concern with 'the whole man' inevitably leads beyond work with the handicapped. It leads to an awareness of society in general and shows that our present social system is a corrosive structure and itself in need of healing. This can come about if we approach the ailments of our time in a 'curative' manner.

It means that there must be a recognition of man's spirituality which modern thought has tempted to deny. There must be freedom of thought so that he can advance to the faith and religion within him, which is especially his own. This he must find himself. It is not to be found in a dogmatic form imposed from above. Regard and understanding for the 'other' must follow from the conviction that he and his fellow men are all equal.

In this message Rudolf Steiner and Karl König go beyond their concern for the handicapped. A much wider attempt was being made to build a new social structure, to find a new way for human beings to live together, which would further the development of mankind. It is nothing less than an attempt to point the way to a positive future at a time when mankind stands at a cross-roads. Is he to go on to a future full of hope and promise? Or will he destroy himself and the earth he lives upon?

This, then, is the significance of the Camphill 'experiment'. With the help of his fellow man man must seek to understand himself and grasp the true meaning of being human.

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IN ON THE (1981 EDUCATION) ACT *

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"And was the White Paper approved by the full Cabinet, or just a Cabinet committee?" As Baroness Young drew breath to answer, one of the officials ranged around her interrupted. "Could we stop the tape, please?" he asked.

Lady Young, then Minister of State at the Department of Education, was being interviewed about the hurdles of law-making. Her Department had decided that a Bill was needed to implement the Warnock Report on Children with Special Educational Needs. First, a White Paper setting out the Government's proposals had to be published, and since this would be Government policy it would have to go to the Cabinet for approval. But would it really have to be considered by the entire Cabinet? Or could a sub-committee take a decision in the Cabinet's name? Lady Young seemed the best person to ask.

The civil servants who sit in on radio interviews consulted hurriedly among themselves. Their decision was unanimous - Cabinet committees do not officially exist. Otherwise how could the government preserve the fiction of collective Cabinet responsibility?

Lady Young was unconvinced. Yes, Minister, the officials explained patiently, we know that man on The Times keeps going on about them. (This was February 1981.) But No, Minister, the rules are clear - members of the government must not talk on the radio about Cabinet committees. Lady Young reluctantly acquiesced. There was no way her civil servants could let her reveal that the White Paper had been approved by 'H' Committee, which is chaired by the Home Secretary and includes Ministers from the Departments of Health and Social Security, Environment, Employment, and from Wales and Scotland.

This, then, was one power struggle the Minister did not win. Outnumbered as always by her officials, she was being given advice she could not refuse. For a programme which aimed to discover who has the ultimate power to make legislation, it was a vivid illustration that Ministers are powerless to ignore the government machine.

And yet it was that same government machine that seemed genuinely keen to help us study its own inner workings. Perhaps it was because we had chosen a relatively non-controversial bill as an example: the Education Bill, now the Education Act 1981. It introduces a new broad definition of children with 'special educational needs' - not just some 200,000 children previously classified as handicapped, but a very much larger number who have greater difficulty in learning than other children of the same age.

Our brief was to trace the new Bill through all its parliamentary stages, watching the legislation being hewn, polished and engraved on to tablets of stone. To do this we were given permission to interview a civil servant. Not a Permanent Secretary, but the man actually doing the job of looking after the Bill at the Department of Education and Science, Neill Evans.

Mr. Evans is a Principal - the lowest grade of policy-making mandarin - and has the job of co-ordinating advice to Ministers on the Bill if not actually briefing them himself, of liaising with the Department's lawyers and the parliamentary draftsmen, and of being on hand at all times to advise on proposed amendments. Though he would deny it, he probably knows more about the Education Act 1981 than anyone else in the world.

Mr. Evans was, alas, the soul of discretion when interviewed for the programme by Anthony Barker, but he surprised us both on one pre-parliamentary point. You might have thought the Department's first step would be to write the White Paper, and then after a decent interval they would draft a Bill to put it into effect, perhaps taking account of suggestions made in the meantime. In fact, the main points of the Bill are settled first; officials then take a step back and think up a plausible explanation of what the Bill is designed to do.

In Neill Evans's words: "Once we had written and published the White Paper we were already well advanced in the early stages of the preparation of legislation - the preparation of instructions to parliamentary counsel as to the scope and content of the Bill."

Nobody could say that the Department of Education was not prepared to take advice. The Warnock Report - 400 pages and each of them written by Mary Warnock herself - made 225 separate recommendations. Faced with this the Government's immediate reaction was to publish a consultative document inviting still more comment. That irritated Mrs. Warnock as she stumped the country, campaigning to get her report implemented; she thought her committee had called all the evidence anyone could possibly need.

She herself had to give evidence some months later. Mrs. Warnock was the first witness examined by the Special Standing Committee which considered the Education Bill after the main Second Reading Debate in the Commons. The Special Standing Committees of 1980-81 were a brave experiment associated with the names of George Cunningham MP - who thought up the idea ten years ago - and Norman St.John-Stevas MP, who, as Leader of the House, got it through Cabinet. (Or do I mean Cabinet committee?)

The new Special Standing Committees were a cross between the two sorts we are already familiar with. On the one hand, there are Select Committees which shadow ministries, examining policy, calling evidence and writing reports. On the other hand, there are Standing Committees to which most Bills are sent for detailed examination and possible amendment. A Special Standing Committee begins life as a sort of Select Committee, calling evidence and examining witnesses for up to three half-day sessions. It then metamorphoses into a Standing Committee to consider the Bill's details in the normal way, much fortified by the evidence it has received from people who will be affected by the new legislation and from experts such as Mrs. Warnock.

Viewed from the government Front Bench, these committees represent an erosion of ministerial power, for back-benchers they provide a means of testing the government's proposals against independent advice. The new committees were also specifically designed to give MPs a chance to cross-examine the Minister in charge of a Bill - particularly useful in the case of Lady Young, who, as a peer, was ineligible for membership of the Commons committee.

Neil Kinnock, Labour's main education spokesman, thought that, from a political point of view, Lady Young's evidence was the most valuable contribution made by a witness - though in terms of the Bill the other sessions were of greater value. Behind this remark lies one of the pitfalls of the new procedure - that it can be misused to make political capital instead of being used to probe policy and elicit information. Indeed, the vast majority of questions to Lady Young were about the lack of money - on which everyone knew the Government was not prepared to give way.

Lady Young told us afterwards that it was a pity the committee did not go into certain issues in more detail. There was a particular point the Government had not included in the Bill which, said Lady Young, "the Government very much wanted to get right." However, there were 'practical problems' in including the point which the Minister thought it would have been helpful to explore with the committee. In other words, it seemed, the Government would be prepared to give way and amend its Bill to rectify the omission, if only someone would tell it exactly how it could be done.

Dr. Rhodes Boyson, then junior to Lady Young at the Department of Education, took the Minister's seat on the Special Standing Committee. He didn't find the new procedure attractive; as far as he was concerned there was enough evidence in the Warnock Report already. Dr. Boyson thought that it would have been better to discuss the issues at White Paper stage before the Bill was published. From the Government's point of view no doubt it would. MPs could then suggest amendments to a Bill they would assume had not been written, while not being able to see the legislation on which the Government had already made up its mind.

In support of his arguments against the evidence-taking sessions of the Special Standing Committee, Dr. Boyson accused MPs of actually seeking publicity. "With the national press there," he said, "points were being made like on Second Reading which had nothing to do with the Committee Stage of the Bill." It was delightful to hear someone maintain that Members of Parliament should not behave like politicians. Especially as it was Dr. Boyson who, in putting his first question in committee to Mrs. Warnock, invited her to praise the Government for implementing her report. He was ticked off by the Chairman, Christopher Price MP, for asking overlong questions.

Mr. Price's behaviour as chairman was the subject of an extraordinary personal attack after the Committee Stage was over. The Conservative MP, Mr. William van Straubenzee (as he then was), complained during the Third Reading debate that, of nearly 200 questions of substance asked in the Special Standing Committee, 42 were asked by Mr. Price and a further 81 by other Labour Members. Apparently, Conservatives sometimes had to demand to be heard. As a result of this manipulation, said Mr. van Straubenzee, the new procedure was an almost unmitigated disaster.

There were many people in the Government who agreed with Sir William (as he now is). His attack on Mr. Price raises the general question of whether the chairman of a Special Standing Committee should be neutral - like the Speaker and chairmen of Standing Committees - or take a leading role in asking questions, like chairmen of Select Committees. Members of the panel of MPs from which Standing Committee chairmen are chosen were quite happy to chair the later sessions when the Special Standing Committee behaved like an ordinary Standing Committee. But they were reluctant to compromise their impartiality by chairing the evidence-taking sessions. Instead, it was decided that these hearings should be chaired by the chairman of the appropriate Select Committee - which is how Mr. Price became involved.

In general, a government with a working majority can expect to get its legislation through Parliament substantially unchanged. But occasionally new ideas emerge during debate and eventually become law. The most striking of these in the Education Act 1981 relates to the voluntary organisations which exist to help parents of handicapped children.

The idea was simple: to put parents of these children in touch with an appropriate organisation - MENCAP, the Spastics Society, or whatever - as soon as possible after the child is born. This proposal was not in the Bill; nor was it mentioned during the main Second Reading debate. But Mrs. Warnock, answering a question from Clement Freud MP, while giving evidence to the Special Standing Committee, said she was in favour of making this referral to a voluntary organisation mandatory.

No doubt encouraged by this support for what had been a long-running campaign of his, Mr. Freud proposed a new clause in committee. This would require health authorities to tell parents about the appropriate voluntary society twice - as soon as a child was found to be handicapped and again, in writing, six weeks later.

In committee the Government seemed to accept this proposal. But then Dr. Boyson, the junior Minister, wrote Mr. Freud a letter, saying voluntary bodies were too difficult to define in a statute. Under pressure during the debate on the Bill's Report Stage, he promised to have another look at the idea. And finally Lady Young moved an amendment when the Bill reached its Committee Stage in the Lords.

It differed significantly from what Mr. Freud had originally proposed. Whereas his amendment would have placed a duty on health authorities to tell parents of the appropriate support organisation, the Government amendment left the authority a measure of discretion. True, there would still be a duty on the authority to inform parents of the voluntary organisation, but only if it thought the particular organisation was likely to be able to help. And there was no mention of the second written notification six weeks later.

As a government amendment this was naturally passed, though not without opposition from peers who did not think it went far enough. Lady Young, however, resisted all approaches. Her reason: the sort of detail some peers wanted was inappropriate for primary legislation; it was better to cover it in the guidance sent to local authorities by the Department when it distributed copies of the Act.

What then had Mr. Freud achieved? Much of the Education Act 1981 is a codification of existing best practice. In other words, all local authorities are being told to do what the most progressive ones do now. As far as referring parents to voluntary societies is concerned, no doubt many health visitors do this already. A cynic would say that health authorities who can't be bothered to observe this part of the Act will still be able to get out of it if they want to. But perhaps the majority of authorities, seeing what Parliament expects of them, will follow the spirit of the legislation where possible and not try to escape through the loopholes.

A programme about law-making would be guilty of culpable naivety if it ignored the role of the lobbyists in Parliament. In an ideal world, all MPs would know all there was to know about the subjects in which they were interested. In real life, MPs receive, and often actually ask for, briefings from the voluntary societies active in a particular field. Indeed, these voluntary societies often employ an official whose main job is lobbying MPs. Some of the key amendments to the Education Bill were drafted by these people and given to friendly MPs to table. The lobbyists sometimes even get themselves accredited as Research Assistants to MPs, which gives them access to the Commons library and a pass to allow them into the building.

Rolf Hermelin, Director of Parliamentary Affairs for the mental handicap charity MENCAP, said that as an honorary research assistant to one MP he could go in and out of the House freely:

> "And one meets MPs at all occasions, not just in the chamber, not just in the committee room, but in the corridors and in the cafeterias and in the bars. And one builds up a circle of MPs and peers who one finds out are helpful and supportive to our causes."

Mr. Hermelin said he became extremely active when the Bill was published and started its parliamentary passage:

> "We briefed MPs at first, we had meetings with MPs, we discussed in detail what amendments should be tabled to the Bill. The MPs rely very much on us because we are the experts on education and on mental handicap in this particular case, and we are probably greater experts than the MP himself in tabling amendments. We actually construct the amendment and word it to do what we want to do and what the MP wants to do. It is a process of very close co-operation once you find the right MPs, particularly in committee ... where you try to influence the government backbenchers, because without their help you have no chance of defeating the government."

Rolf Hermelin denies that this approach makes MENCAP a pressure group. "For instance," he says, "we do not write rude letters to the government; we oppose the government but we do it in a diplomatic way, a polite way."

And, one must add, a successful way. The Education Act passed last month may look like the Education Bill published in January. But it has been amended in more than twenty places. So, in a way, everyone is happy. Pressure groups, Opposition spokesmen, backbench MPs, Ministers and civil servants all think the same wonderful thought as they admire the freshly printed new statute: a part of this was made by me.

THE NEED FOR A FUNCTIONAL PHILOSOPHY OF REHABILITATION

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Introduction

The comments in this paper were stimulated by a one month exchange trip to King Alfred's College under the supervision of Dr. Robin Jackson. The purpose of the visit was to acquire information regarding services for elderly mentally handicapped adults and training programmes for staff working with mentally handicapped adults. During this time I had the opportunity to interview a number of staff from front-line, managerial, co-ordinating and administrative positions as well as consultants and personnel involved in research. I also observed various programmes including schools for severely handicapped, adult training centres, schools for maladjusted children, pre-school programmes for developmentally handicapped children, nursing homes for the mentally frail and two major institutions (Monyhull and Coldeast).

Without exception, every person that I came in contact with, during my visit, was very considerate and co-operative.

While I obtained a considerable amount of information regarding my two primary objectives, i.e. staff training and services for the elderly mentally handicapped, from what I observed I have come to conclude that there are two essential ingredients to providing service of high quality. Firstly, there is a need for rehabilitation programmes to be based on a philosophy that envisions the clients as full citizens with the same rights as every other citizen. A philosophy such as the one based on the 1975 United Nations Declaration of Rights of Disabled People seems most appropriate. As Mittler (1979) points out:

> "Mentally handicapped people are full citizens of local communities, with rights like everyone else. As citizens they have the right to education, the right to a place to live, the right to have work to do and the right to live their own lives. Although it is true that they are often not able to meet the responsibilities that go with rights, more could do so if they were given the opportunity. But these rights tend to be expressed in rather general terms. For example, the 1975 United Nations Declaration of the Rights of Disabled People states:
>
> > Disabled persons have the inherent right to respect for human dignity. Whatever the origin, nature and seriousness of their handicaps and disabilities, they have the same fundamental rights of their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible (para.3).

The Declaration then lists specific rights, including:

(i) the same civil and political rights as others;
(ii) help to become as self-reliant as possible;
(iii) proper medical care and treatment;
(iv) education, training, rehabilitation and guidance;
(v) a decent level of living, including the right, according to individual abilities, to secure and retain employment;
(vi) a normal living environment, within a family where possible, including participation in all social, creative or recreational activities;
(vii) protection from exploitation, discrimination, abuse or degrading treatment."

Secondly, there is a need for a general system of beliefs which are translated into a functional philosophy with operational goals and objectives.

This recommendation was gleaned from the wide range in the quality of programmes I observed during my visit. At one end of the continuum there are highly effective programmes which, in part, were a result of well trained staff and clearly defined objectives that evolved from the programme's functional philosophy. At the other extreme were very poor quality programmes that had, though highly motivated, inadequately trained staff, with limited insight into the potential of the handicapped. The result of the latter were programmes that foster dependence rather than independence of the client.

For this reason, the following paper will be a discussion of the need for a philosophy of rehabilitation that is both progressive and dynamic in its day-to-day operation.

Philosophy of Rehabilitation

Usually a programme's philosophy is delineated in the neonate stages of its development, after which time it resurfaces in grant and funding proposals or annual reports but has little to do with the everyday realities of the programme. Such philosophies tend to be global statements or general creeds such as 'normalization' or 'maximizing the client's potential' which, unless these are translated into objectives and goals, are too abstract to be useful. Front-line personnel rarely participate in the creation of these philosophies and, therefore, have little invested interest in acting on such global statements.

A functional philosophy can become a template for action within a programme. If it has been operationalized and is based on a larger belief system, e.g. U.N. Declaration of Rights of Handicapped People, then it can be used to resolve conflicts that arise regarding the goals and values held by the staff. Brown and Hughson (1981) argue that without a functional philosophy staff tend not to see training within a specific framework and also tend not to use available information, such as linking assessment to training. Since rehabilitation is not an exact science front-line and administrative personnel are often in the position where they must make independent decisions which have consequences for the client and the programme. A functional philosophy will assist them in making these decisions so that they facilitate the long term objectives for the client and not be the result of personal bias, economic feasibility or a number of other factors not related to the well being and independence of the client.

According to Mittler (1979) rehabilitation programmes are going to have to become more accountable in the future. He attributes this to the ever increasing advocacy for handicapped persons as well as the growing economic cutbacks and restraints. He also suggests that this accountability will be tied to economics, so that programmes that can clearly state their goals and the specific plan for each client involved in their programme, will be more likely to receive further government and private funding.

A functional philosophy is an invaluable asset to a programme. Not only does it give one a framework in which to make decisions, but it also serves as an evaluation measure of the programme's effectiveness and efficiency. Programme planning such as expansion of services, ten-year plans, staff training schemes and the use of other professionals and consultants, becomes meaningful and integrated under a functional philosophy.

I concur fully with Mittler (1979) that inadequate staff training is one of the primary reasons for this lack of concern for quality in programmes. This applies to all levels of personnel from front-line, administrative to the external evaluators.

Elements of a Programme Based on a Progressive Philosophy of Rehabilitation

To operationalize the goals of 'normalization' and 'integration', programmes should contain the following elements: integrated services, functional skill acquisition, a structured to nonstructured training scheme and a research to practice orientation.

(1) Integrated Services

Integration should occur in two directions: between programmes and over time. A client rarely has the same instructor for all aspects of his training. Uusally he will have several instructors within the same centre training different skills, e.g. social-educational, residential, vocational or leisure. If staff are not communicating their objectives to other programmes and attempting to integrate with these programmes, their training efforts will not be maximized. Research has indicated that developmentally handicapped persons do not transfer skills and information easily to new environments. Thus, each programme must complement the other's efforts while assisting the client to generalize the skills and knowledge into the community.

Integration also occurs over time. As the client acquires more skills he moves from one training environment to another. For instance, a child at a school for the severely handicapped moves into the adult training centre. This move should be viewed as one occurring on a developmental continuum. This requires both agencies to be in close contact with each other, so information is shared and the move is planned in such a manner as to prevent failure. Ideally, the school should be well aware of the expectations awaiting the client and should be preparing him for these. The change should be gradual so as to not disrupt the learning process.

(2) Functional Skill Acquisition

Any rehabilitation programme should be concerned with teaching skills that will help the client function independently in the community. Rather than focusing on the traditional academic skills such as reading, writing and rote counting, a programme should devote its efforts to social competence training. Self help skills, communication skills and functional social education skills such as acquiring a social sight vocabulary and learning to ride the local city transit would be included in this realm.

Gold (1972) suggests that the capabilities of handicapped clients are limited primarily by the abilities of staff and the sophistication of the programmes. He has demonstrated that severely handicapped individuals can learn to assemble complex materials if the trainer applies appropriate training techniques such as implementing task analysis, ensuring meaningfulness, using appropriate language and adopting natural reinforcement schedules.

Research has also indicated that early identification and training of these functional skills is more effective.

(3) Structured to Nonstructured Training Scheme

Incidental learning is poor in mentally handicapped children, (Fox & Rotatori, 1980). A client will not benefit from simple exposure to an environment. He needs structured environments and learning situations in order to discriminate the relevant stimuli and thus respond appropriately to them, (Zeaman & House, 1963). Once this is accomplished the external structure should be gradually faded as the client forms his own internal structures and begins to take over the control of his environment and perform independently. Environments may need to be temporarily structured to assist the client in transferring skills. Therefore, a training scheme which does not have in its design a plan for gradual reduction of such elements as jigs, cue enhancement devices and training booths does not operationalize the philosophy of "independence of the client" and "integration into the community". Figure 1 is an example of integration of programmes and the continuum of structure necessary in a programme for handicapped adults.

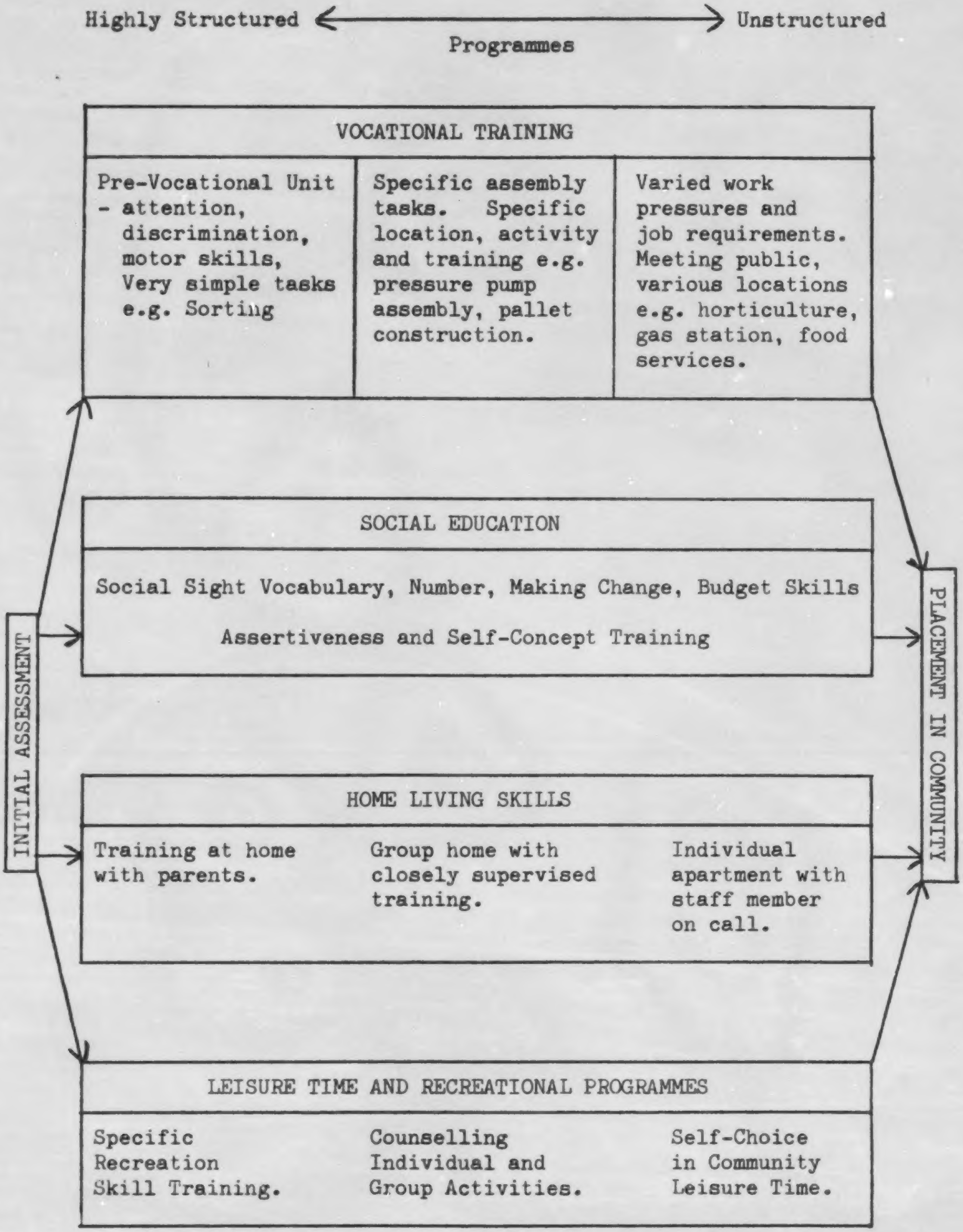
Highly Structured
Programmes
Unstructured
VOCATIONAL TRAINING
Pre-Vocational Unit - attention, discrimination, motor skills, Very simple tasks e.g. Sorting
Specific assembly tasks. Specific location, activity and training e.g. pressure pump assembly, pallet construction.
Varied work pressures and job requirements. Meeting public, various locations e.g. horticulture, gas station, food services.
SOCIAL EDUCATION
Social Sight Vocabulary, Number, Making Change, Budget Skills
Assertiveness and Self-Concept Training
HOME LIVING SKILLS
Training at home with parents.
Group home with closely supervised training.
Individual apartment with staff member on call.
LEISURE TIME AND RECREATIONAL PROGRAMMES
Specific Recreation Skill Training.
Counselling Individual and Group Activities.
Self-Choice in Community Leisure Time.
INITIAL ASSESSMENT
PLACEMENT IN COMMUNITY

Figure 1. An integrated training programme for young adults - programme components.

(Brown & Hughson, 1981, p. 61)

(4) Research to Practice

Mittler (1979) has argued for the need for rehabilitation programmes to have a research to practice orientation. There is a gap between what we know and what we do. There is an accumulation of research literature that is virgin territory for many programme planners. Mittler emphasizes the need for the researcher to initiate the bridging of the gap by making research more relevant to practitioners' needs, translating research findings into practical programme recommendations and making the dissemination of these findings, itself, an area for research.

But the onus of responsibility does not rest solely on the researcher. Rehabilitation personnel have a professional responsibility to stay abreast of the current research and technology.

Agencies with an orientation towards research must also appreciate the need to assess ongoing programme effectiveness and demonstrate a willingness to adjust programmes based on this information. Such agencies will have the major building blocks for exciting, effective and functional programmes.

Conclusion

The potential of the handicapped is in a large part limited by the quality of the service that is provided for him. Without a functional agency philosophy with stated goals and objectives a programme lacks the potential to meet an individual's needs for his present and future growth.

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WHAT'S SO SPECIAL ABOUT SPECIAL NEEDS?

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Introduction

If we listen to a group of professionals from any of the 'helping' agencies discussing the response that they make to families with handicapped children the word 'special' is in constant use. Children have 'special' needs, the education service that meets those needs is described as 'special', and the professionals who operate the services are seen as specialists in their fields. Such a use of the word 'special' implies difference. The needs of handicapped children are 'special' and therefore different from the needs of 'normal' children. Further, the education provided to meet these needs and the training of specialist personnel must also be different.

While recognising that the differences that exist between handicapped and 'normal' children can dramatically affect their lives and the lives of their families, I am suggesting in this paper that to focus our attention solely on difference can produce negative as well as positive results. The different needs of the handicapped child have produced the dynamic that has led to the establishment of existing and often excellent 'special' support services. The negative outcome has been a blindness to the possibilities for meeting some of these needs within the normal community. The perception of these needs as different has undoubtedly stimulated a caring and sympathetic response to parents from the professionals who operate 'special' services. At the same time there is a risk of misinterpreting the needs of parents caring for young handicapped children, by assuming that their experiences and expectations are intrinsically different from the rest of society.

Research carried out by the writer was concerned to identify whether similarities as well as differences existed in the experiences and expectations of families caring for a young child, whether that child was handicapped or non-handicapped and to examine whether an awareness of the similarities that do exist can reduce the negative outcomes implicit in the concept of 'special' needs. This is not to deny the existence of these needs but to place them in a new perspective.

Parents

Early similarities in the pattern of child care arise from cultural expectations of the role of parents. Most children in our society remain in the constant care of the mother during the early years, and where a replacement for the mother is sought the quality of a continuing one-to-one relationship is the chief criterion for that replacement. Proxy or foster mothers are thus preferred to institutional care which divides the responsibility for the child between a number of adults. This concept of early parental care produces a clear role expectation in the minds of potential parents. They expect to care for their baby themselves. A mother who has given birth to her first child, and whose experience of mothering may be limited to written accounts and her own observations, nevertheless expects to find within herself and her immediate environment sufficient resources to care for that child successfully. Society's expectations support her in that belief.

The shock following the birth of a handicapped child to this confident expectation of parenthood is described by Drotar et al. (1975) and in many personal accounts from parents, (Collins and Collins, 1976; Smith, 1977; Voysey, 1975; and Wentworth, 1974). Research by Carr (1975), Gath (1978), and Hewett (1970) provide evidence of the initial shock and grief which, in the case of some families, is followed by prolonged maternal depression and marital breakdown. Nevertheless Freeston (1971) has shown that within two years there is generally a firm intention to carry out the parental role. Kushlick and Cox (1973) report that as many as 88% of children with a severe handicapping condition remain at home during the early years of their lives. Parents thus fulfil the expectations that society places in them.

This traditional care of the young child within the home has given the mother, or her substitute, the major role in the successful early development of her child. Her performance of that role is influenced by a number of factors: by the culture in which she lives, by her personal experience of her child's peer group (an influence graphically described by the Newsons (1963)) and, finally, by the child himself. Current child care practices have been and continue to be firmly 'child centred' and they support what is generally regarded as a natural desire to rear a happy and contented child, (Spock, 1969; Leach, 1980). When this occurs the mother is sustained in her care of her child. When it fails, when the mother sees that her child's development does not correspond to that of his peers as a result of handicap or for any other reason, or when the child is unhappy, then the mother looks outside her own resources for help.

Support Services

Help is provided by a variety of professional and non-professional agencies, notably the health, education, and social services and groups coming under the umbrella of the Pre-school Playgroups Association. Much of this help is well received. The services provided during pregnancy, birth, and the first months of the child's life are widely acclaimed. The vitality of the Pre-school Playgroups Association is an expression of the fundamental need that it satisfies, a vitality that has embraced the needs of handicapped children through the establishment of Opportunity Groups, following the lead given by Faulkner in 1969.

There is less general satisfaction, however, with the help offered to parents at home. Clark (1973) reports that, while many parents of 'normal' children expect to receive useful practical advice on the management of their child at home, reports from the parents of handicapped children show considerable dissatisfaction with such advice. Fox (1974) and Lloyd-Bostock (1976) indicate that these criticisms extend to both clinical and visiting professionals. While Carr (1975) and Gath (1978) both comment on the warmth and sympathy extended to parents by health visitors, they note that they were unable to offer useful advice to parents on the upbringing of their handicapped children.

The question that this study seeks to answer is: Does the failure to offer practical advice to the parent of the pre-school handicapped child lie partly in the emphasis that is given to the handicapping condition?

Family Studies

This emphasis is vividly demonstrated in Janet Carr's (1975) study concerning the effect of a young Down's Syndrome child upon a family.

Two of the questions addressed to parents with a four year old Down's Syndrome child looked at the relationship between that child and other children in the family. Parents were asked whether the other children ever spoke to their Down's Syndrome child and whether the children included the child in their games. If we substitute for Down's Syndrome the word 'toddler', as an approximate description of the developmental age of a four year old Down's Syndrome child, we realise that not only is it highly unlikely that such a question would be addressed to parents concerning 'normal' toddlers in their family but it would be regarded as highly insensitive. The questions imply a totally negative expectation of the relationships between the handicapped child and his family. A similar negative expectation was shown by many sections of the public during the recent debate over the 'quality of life' available to handicapped children, which was highlighted in the trial of Dr. Arthur in the autumn of 1981.

This negative expectation, which was also revealed in Sheila Hewett's (1970) family study, is the result of a natural emphasis upon the problems raised by handicap and an intention to determine the precise nature of these problems. Parents experience this when they report that their visits to clinics, and the visits they receive from medical and educational professionals, become occasions for the listing of problems and developmental deficits. Research studies which examine only the effect upon the family of developmental deficits in the child fail to allow for an expression of those aspects of the child's development that do satisfy the parents. The resulting data lacks balance.

Hewett and Carr both attempt to redress the lack of balance resulting from this approach by commenting on the success enjoyed by many mothers in the upbringing of their handicapped child. Their method of interpreting their data, however, does not allow them to account for this success when it occurs. They interpret differences in the behaviour of the mothers of handicapped and non-handicapped children only as a function of the handicapping condition. Examining differences both in relation to handicap and to the developmental age of the children under consideration might have led to a more useful interpretation of parental behaviour. Such an examination could also have helped to explain the success of individual parents in the caring for their handicapped child.

Investigating the common ground

The research carried out by the writer focussed on the positive as well as the negative outcomes of caring for a young handicapped child. It compared these outcomes with those expressed by a similar group of parents caring for a young 'normal' child. Data was collected from parents of 12 handicapped children and 12 'normal' children. Mothers were selected at random during visits to five playgroups, two toddler groups, and six Opportunity groups in the Winchester Health District. All of the children fell into the pre-school age range but the mean chronological age of the 'normal' group was 34 months compared to 48 months for the handicapped group. No attempt was made to match for chronological age. Since the investigation was concerned with parental behaviour in relation to developmental age, a difference of 14 months in the mean ages of the two groups was considered an acceptable difference.

The sample of handicapped children was too small to reflect the characteristics of the total population of handicapped children in the community. It is worth noting that the inclusion of five Down's Syndrome children in a randomly chosen group of 12 (Clarke & Clarke, 1974; Carr, 1975; Gath, 1978) is not atypical. The remaining seven children were diagnosed as follows: Weirnig Hoffman disease; cerebral haemmorhage leading to brain damage leading to blindness; epilepsy and hyperkinetic behaviour; quadraplegic spastic; neurological damage (two children); and physical handicap.

Data was collected through a questionnaire, following a brief introduction concerning the aims of the investigation. Three questions were given which were designed to obtain: (1) a personal response concerning the parents' hopes for their child's immediate development; (2) an account of the restrictions in their lives brought about by caring for a young child; and (3) an expression of current satisfactions in relation to their role as parents.

Table 1: Three open-ended questions given to parents in both groups

A If a friend whose opinion you respected were to visit you in your home in the foreseeable future, what would you most like that friend to observe your child doing? Parents were invited to imagine the events of the child's day and to record their answers in two parts: what they would like to see happening in the immediate future and what was currently happening.

B Are there any activities that you and your husband, either individually or as a couple, or as a family, would like to do but which you are prevented from doing as a result of caring for your child (or because of his handicap)? Note: bracketed words omitted from question addressed to 'normal' group.

C Would you list all those things that are already happening with your child that give you pleasure and satisfaction. Consider the course of the day and list examples of your child's behaviour that you consider successful and would like to see continue into the future.

Examples of answers given by parents to question A are shown in Table 2

Table 2: Answers given by four parents to question A concerning their hopes for their child's immediate future

	Future	Present
A	To see Jane walk or move around	Sits
B	Christopher watching TV with me	Christopher watching TV alone
	Christopher playing happily and quietly when I talk to a friend	Christopher playing noisily but happily
D	Gavin following visitor's movements	He watches objects that are close and colourful
	Gavin crawling	Gavin can roll
	Gavin spoon feeding	Gavin finger feeds
	Able to say da-da	Says ma-ma and ba-ba
P	Warren walking unaided	Warren uses baby walker
	talking properly	Babbles
	using the toilet	Trying with the potty
	feeding himself	Uses spoon and fingers
	curbing his temper	Has temper tantrums if he cannot have his own way

Examples of answers given by parents to question C are shown in Table 3

Table 3: Answers given by four parents to question C expressing their pleasure and satisfaction in their child's current behaviour

A	None listed
B	Having a clean plate Being clean and dry Wanting a familiar book Picking three dandelions one for each member of the family
D	Smiling to familiar voices - knows family His pleasure in his food - very successful at despatching it Gavin makes a great many sounds - we would like him to make even more Gavin is very loving and loves to be cuddled. We hope he will grow into a loving little boy
P	His understanding of what is said to him We swim frequently and Warren joins in with the aid of water wings He responds well to other children and is generous with his toys He manipulates his toys well and thinks of the best ways of getting things rather than just grabbing His attempts to talk - he says a few words and points to something to find the name of it

The responses given to questions A and C were listed in random order and identified by a code later. This list of responses was then given to a panel of professionals working in the pre-school field: a paediatrician, a health visitor, a physiotherapist, a speech therapist, an educational psychologist, an adviser for special education, a nursery school teacher and a social worker.

Looking for common ground: the professional response

The panel of professionals was asked to consider each set of responses and determine whether they were given by the parent of a handicapped child or a non-handicapped child or whether this was an impossible distinction to make. In answer to question A, only four sets of responses from a possible twenty four were identified by the entire panel. All four were made by the parents of severely handicapped children. These support the concept of difference. It is interesting to note, however, that not only were the parents' hopes for the remaining eight handicapped children seen as hopes for 'normal' children by some members of the panel but parents' hopes for 'normal' children were similarly confused. Clearly the common ground where doubt exists can extend not only to the behaviour of some handicapped children but also to the behaviour of 'normal' children.

Separating such behaviour into 'handicapped' and 'normal' categories could be viewed as an artificial separation. Certainly it is a separation, or focus on difference, that prevents those working and living with young children from becoming aware of the ground that is potentially common to both. It can prevent the non-specialist from providing practical help to handicapped children with similar developmental needs. Most people who have held a young baby in their arms have experimented with ways of achieving a non-verbal response from the baby. The same skill is needed by adults communicating with young handicapped children whose language is delayed. Yet many with such skills never consider their relevance outside the world of 'normal' children. The preoccupation with difference blinds the non-specialist and isolates many parents of handicapped children from certain everyday experiences in the process of child rearing.

The parents' responses to question C produced similar confusion among the panel as to the identity of the group from which these responses were drawn. Only one child, a handicapped child, was correctly identified by the entire panel. (The child was not one of the four handicapped children correctly identified by the panel in response to question A.) It was clear that there was a large area of behaviour capable of giving pleasure and satisfaction that was common to both parental groups. The responses also showed that the pleasures felt by the parents were not related to their hopes for their child's development but were individual to each parent/child relationship.

The pleasure which parents experience in bringing up their children is of course one of the chief factors sustaining them in that care. To share this pleasure with friends and those outside the family circle is a vital desire and one to which society responds. Yet society has not recognised this desire in the parents of handicapped children. The focus on difference assumes that they only wish to share problems and are seldom given natural opportunities for expressing pleasure. This is a cruel and often unnecessary isolation from the 'normal' experience of bringing up a child.

Family life: restrictions

The care of any young child inevitably restricts the activities of the adults who have the full-time care of that child. But such restrictions are a common experience of parenthood. Question B was designed to establish which restrictions parents felt most keenly and at the same time to determine whether these restrictions were shared by both groups. Surprisingly one third of the parents replied that they suffered no restrictions resulting from their role as parents. These parents, five from the handicapped group and three from the 'normal' group, were either well supported by their families:

> "We are fortunate enough to be able to cater for most of our needs and activities ... ... because we both have families in the town to 'sit in' when needed."

or their attitude to family life precluded the need for independence:

> "We like to do things altogether so we don't plan things which all of us can't do."

The remaining sixteen sets of parents gave a variety of answers which are listed below in the order of the frequency with which they occurred. These parents wished to:

1. gain independence through adequate babysitting
2. shop independently without needing help
3. enjoy days out with their children
4. eat meals in a restaurant with their children
5. join in sporting activities independently
6. travel independently on public transport
7. achieve full night's sleep
8. take a holiday without their children
9. take a holiday with their children
10. stay overnight with family or friends
11. visit family or friends for the day
12. attend family activities suitable for older child in family
13. find surrogate grandparents

Items 11 and 12 were contributed by parents with handicapped children and Item 13 by parents of 'normal' children. All the remaining items were listed by both groups. Clearly evidence derived from such a small sample of parents makes it impossible to deduce the relative importance of individual items from those listed. However, by placing the items into two groups: those where parents wanted independence for themselves and those where parents wanted to operate independently as a family unit, discernible trends become apparent.

Achieving independence from their children

The parents of the handicapped children were not experiencing greater difficulty in achieving independence from their children from parents of 'normal' children. One of the parents of a 'normal' child expressed her difficulty vividly when she wrote:

> "We would both love a holiday of some sort by ourselves - even a long weekend. We can't. There are no relatives near enough or capable enough to take the children. I would feel it an imposition to ask friends as they always feel dubious about looking after children of pre-school age - nappies, lack of communication, etc. which makes them a great responsibility. Is there a rent a granny service in the area? Perhaps I should start one!"

Such a service does sometimes exist for the parents of handicapped pre-school children. One mother wrote:

> "We use the 'Family Help' in Southampton for about two days a month and a week in summer which gives us a much needed rest."

While no-one would deny the greater burden carried by the handicapped group and their need for such holiday opportunities, the desire for this kind of help was common to both groups.

Short term baby-sitting was more easily resolved by the 'normal' group. Both groups have used the services of health visitors and social services to find opportunities for using baby-sitters. Nevertheless this is an area that deserves further investigation for the results showed that despite the number of self-help baby-sitting groups and the existence of many individuals in the community willing to offer support, there were many parents who were not obtaining all the help they needed.

Acting independently as a family unit

This aspect of question B showed the common ground between the two groups most dramatically. Comments on the general lack of physical provision for young children in shops, restaurants, public buildings and on public transport were made by both groups. Most parents of 'normal' children experiencing these restrictions tolerated them and looked forward to the time when their children's growth would solve the problem. For the parent of the handicapped child such an attitude was impossible.

The International Year of Disabled People in 1981 focussed on the rights of everyone, including the handicapped, to be able to use the facilities which are part of our public life. If this awareness could be linked to the needs of all young children then the size of the problem still to be solved would be clearer. Most parents of young children expect to cope unassisted. They have to ask for help when they need it, for it is seldom offered as a natural extension of community facilities. Yet the small concessions in our public buildings to the needs of the handicapped are one example where improvements have also worked for the benefit of the parent with a small child in a pram. Young families are seeking the same independence that enlightened provision is offering the handicapped. Looking at the problems they share in common could release a new dynamic to bring about change.

Conclusion

This study has revealed that despite the greater needs of the parents of handicapped children throughout the life of their child, there is still much common ground in the day-to-day experiences of caring for a young child whether that child is handicapped or non-handicapped. The differences in these experiences deserve the sympathy and concern that have led to the development of the concept of 'special needs'. The similarities deserve the same quality of response. They highlight the hopes and satisfactions that all parents invest in their child's behaviour as they care for that child each day, and they lead to a response that is stimulated by each individual child rather than by the presence of a handicapping condition.

If we ask ourselves about the response given to the mother of a handicapped child and the mother of a 'normal' child, when the same behaviour is under discussion, we are often surprised at the attitudes they reveal. Our concern to help relieve the mother of the handicapped child of her burden of care can blind us to her need to reassure herself that the child will not suffer emotionally in her absence. Yet such considerations are a constant topic of conversation when discussing 'normal' child care. We can more fully understand the mother's ambivalent feelings about the help so kindly offered her, if we see these feelings as being perfectly normal. Bearing a handicapped child does not intrinsically change the experience of being a parent. Knowing this not only increases our sensitivity when responding to 'special needs' but it also allows those needs to be met more frequently by drawing on the experiences and aspirations of child care within the normal community.

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'POLICE WEEK' IN A SPECIAL SCHOOL

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Introduction

The aim of the project was to develop in secondary aged ESNM children an understanding of some of the reasons why we have rules, laws and a police force. To that end the senior staff wished to have a display which showed the work of the police. Further thinking about the project led to an examination of ways to make a link between the police and pupils within the school situation. It was recalled how in many schools the link was often confined to an hour's visit and a talk by a police constable. It was felt that this was a very poor form of liaison with such an important public service: a service about which the pupils should be well informed. However, the fact that the project organiser was a Special Constable in the Hampshire Police as well as a teacher in the ESNM school meant that there was an immediate link.

The school, with a roll of 180 boys and girls between the ages of 11 and 16, serves a wide area of south east Hampshire and takes children with diverse problems, needs and handicaps. To overcome many of these it was decided by the organiser that a longer than usual period of study would be required. Such a period would permit the examination of a variety of areas which would enable the pupils to absorb more knowledge and gain a greater understanding.

Direct links with police

Consultations were held with the Chief Constable and then Force Chief Inspectors for Crime Prevention and Public Relations. This resulted in the idea of either a 'Police Fortnight' or 'Police Week' when the police would take over the running of the school. During that period the police would show as much as possible of their role in our society. To achieve this aim an enormous input was going to be needed. The following topics were considered for inclusion: history of the police; crime; crime prevention; traffic; road safety; and communication.

In considering which topics to bring into school for discussion it had to be remembered that many pupils were frightened by the thought of the police. Others had only come across them when in trouble or when involved in domestic disputes. The kind of offences that frequently brought the pupils into contact with the police often arose as a result of poor home care and upbringing, (e.g. shoplifting). It was hoped that through education further misdemeanours of this kind could be prevented. The organiser, through his police links, felt that the following topics would also be valuable contributions to the project: beat officers; police vehicles; C.I.D. work; dog section; and, women officers.

The next stage in the planning process was contact with the Divisional Commander of the police area in which the school was situated and from which the majority of the pupils were drawn. As a result of this a final list of topics to be covered was drawn up. In addition to those already mentioned, two further topics were to be examined: traffic wardens and special constabulary.

Throughout all these discussions it was always in the minds of the organisers that the 'right' person would be needed for each session. Further, not only would a good lesson content be needed but it was important to present the material at a level that the pupils could understand and which would encourage their involvement.

It was decided that a large static display from the Police Headquarters along with an audio visual display would be valuable. These could link in with the school's wall display of posters illustrating police history and a display of police equipment - handcuffs, jacket, helmet, hat, bright jacket.

A decision was made that the project should last for one week and that during that time the police would take over all teaching session time. The school would be divided into two groups: one of first, second and third year pupils and the other of the older fourth and fifth year pupils. For some activities the whole school would come together to make better use of manpower. For the remainder of the time, session lecturers would alternate groups. Arrangements were also made for every pupil to visit either Fareham or Gosport Police Station. Finally, a group of 12 pupils, made up of the winners of an anti-vandalism poster competition, one of the week's activities, would visit the Police Headquarters.

Police week

The day-to-day running of the project was co-ordinated by three people: the school's teacher/organiser, the Divisional Training Sergeant and the Schools' Liaison Inspector. The police personnel were selected on the basis of their suitability as speakers and the fact they came from the school's catchment area. All teaching staff were asked to stay with their own pupils for the whole week in case any sessions were completed prematurely or any disturbances occurred. The teachers could also help, by their presence, if any communication problem developed between lecturer and pupil.

Outline of sessions

Introduction

This was undertaken by the Chief Inspector for the area who talked to the whole school, told the pupils what was to happen and what it was hoped they would learn from the project.

History and Functions of the Force

Talk using visual aids showing historical development of the Force and its present functions.

Crime Prevention

Talk and film on home security, cycle and vehicle security. Shoplifting and its cost to parents.

Traffic Division

Static display: 1 Traffic Range Rover
1 Traffic Car (Volvo/BMW)
1 Traffic Motorcycle

Talk and films on the role of the Traffic Division. Reasons for not drinking and driving. Demonstration of Breathalyser. Pupils to look over vehicles in school grounds.

Communications: Past and Present

Talk and audio visual presentation. Use of 999 system. Demonstration using mock-up set. Direct radio link demonstration through to two police stations. Visit of 'Area' car.

Special Constabulary

History of service. Talk on the role of special constable. Demonstration of equipment that a constable carries. Discussion of methods of crowd control (e.g. football matches, carnivals).

Station Visits

The school divided into eight groups for the purpose of visits to police stations.

Resident beat officers

Talk and questions on the role of the resident beat officer. Pupils ride in Panda cars.

Road Safety

Talk on practical cycle safety and Highway Code.

Dog Section

Talk on the role of dogs. Demonstration of work undertaken.

Recruitment

Brief talk on qualities required to make a good policeman. Stress on the need for hard work at school to obtain appropriate qualifications. Film.

Traffic Warden

Brief talk on the role of traffic warden and the reasons for the job.

C.I.D.

Mock-up burglary in which fingerprints, samples of hair and clothing are left behind. Discussion on what happens next. Photographer and detective constable explain their respective roles. Talk on the work of the Department (e.g. how to collect evidence).

Art Work

Three projects: (1) road safety poster to be coloured; (2) model Panda car to be made; and (3) poster design to aid anti-vandalism campaign.

Self Defence

Demonstration on how constables are trained to deal with a variety of situations including fights, crowd control.

Women Officers

Film, talk and questions.

Cadets

Film, talk and questions.

Review of Project

Review by Chief Inspector and presentation to 12 best poster artists.

For each session two of the following were always in attendance: (1) Divisional Schools' Liaison Inspector; (2) Divisional Training Sergeant; (3) Teacher/organiser; and (4) School Resident Beat Officer. Handouts were available for each pupil on the following topics: cycle security, house security, Highway Code, Green Cross Code, Pelican crossings and door locks.

Project evaluation

A tremendous effort was put into this project over the five days. It gave ample opportunity even for the least able of the pupils in the school to gain some understanding of the police's role and work. During the week twenty-nine police officers had visited the school and without exception they all had contributed wholeheartedly to the project and had carefully presented their material in a way that was understandable to the children.

The week was unique for a number of reasons. First, a great deal of planning had to be undertaken by a large number of different parties. Second, within the school there were two Special Constables who were well placed to check the suitability for the pupils of the language, content and mode of presentation of lectures and films.

Although we have tried, it is very difficult to find fault with the week. However it must be remembered that had it not been for the detailed step-by-step planning, the knowledge and expertise of all those involved and some fine weather, the project would not have been such a success. All the time, manpower, cost and effort expended by the police should also be remembered. The children enjoyed the week to the full and significantly there was no absenteeism - a point worth recording as the school has its share of 'offenders'.

A pleasing and unanticipated result of the project was how enlightened the staff were by the end of the week! Equally pleasing was the discovery that some of the topics we had thought possibly weak at the planning stage turned out to be great successes (e.g. traffic warden, dog section and special constabulary). Particularly heartening was the genuine friendliness which developed between police and pupils. Surely, all of this must mean that the project was a success and that the pupils had gained a better understanding of the police and their role in society.

- - - - - - - - - - - -

With grateful thanks to the 'Coppers' of Hotel Foxtrot and Hotel Golf from the Staff and Pupils of Baycroft School.

'Twas in the month of February
When policemen came to call
To talk to Baycroft people
Staff and pupils, one and all.

Chief Inspector Rowthorn,Sgt.Baigent,Sgt.Thorne,
Dealing with crime and punishment
Through the night to early morn.

'Super-bear', Inspector Pawling
Spoke of radios and crime;
We saw seven wicked kids,
One ended up doing time.

A policewoman came, a tiny girl,
She said men treated her well.
Anyway she could deal with a fight,
She had some stories to tell.

A mock burglary then was staged
With J.R. committing the deed,
With fingerprints and broken glass
The detectives soon had a lead.

The week's gone well,
It's been great fun,
We've learnt a lot from you.
We hope we'll always meet as friends.

And we all say a big - - THANK YOU !

Date	Class	0920 - 1030 hours		1045 - 1200 hours		1300 - 1500 hours	
MONDAY	1, 2, 3.	Introduction to the Course.	History & the Functions of Police Force.	FILM "Policeman"	Crime Prevention Talk.	ROLE OF THE TRAFFIC DIVISION Talk, Demonstration of vehicles. FILM "Motor Mania" if required.	
	4, 5.		Crime Prevention Talk.		History & Function of the Police Force.		
TUESDAY	1, 2, 3.	Police Communications Past and Present.	1000 Visit by Area car.	½ Visit Police Station. ½ Special Constabulary.		FILM "Seven Green Bottles"-Discussion.	R.B.Os & Pandas
	4, 5.	½ Visit Police Station. ½ Special Constabulary.		Visit by Area car.	1115 Police Communications Past and Present.	R.B.Os & Pandas.	FILM "Seven Green Bottles"-Discussion.
WEDNESDAY	1, 2, 3.	Role of Policewomen and FILM "Anything Can Happen".		ROAD SAFETY.		POLICE DOGS Talk and Demonstration by Dog Section Officers. If required FILM "Between the Hammer and the Anvil".	
	4, 5.	ROAD SAFETY.		Role of Policewomen and FILM "Anything Can Happen".			
THURSDAY	1, 2, 3.	Recruiting & Training of Police, FILM "Challenge of a Lifetime".	1015 Traffic Wardens.	½ Special Constabulary. ½ Visit Police Station.		ROLE OF C.I.D. Talk, Fingerprints, Photo's. Scenes of Crime Demonstration.	
	4, 5.	½ Special Constabulary. ½ Visit Police Station.		Traffic Wardens.	1100 Recruiting & Training of Police. FILM "Challenge of a Lifetime".		
FRIDAY		POSTER COMPETITION Individual Classes		SELF DEFENCE DEMONSTRATION.	1125 FILM "Police Cadet".	FILM "Police Station".	1330 Question Time. Review of the Course. Presentation of Prizes

INTEGRATION IN OXFORDSHIRE

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Wessex Studies in Special Education, 1982, Vol. 2, pp. 91 - 108

The County Context

The Education Act 1981 re-defines special educational needs and special educational provision to cover up to 20% of the school population, and places certain duties on local education authorities and the governors of ordinary schools to arrange provision. The Act also recognises that there will be a small percentage of about 1.8% with severe and complex needs for whom education in the ordinary school may not be advisable. Once the Act is implemented, a local education authority must first make provision in the ordinary school and only make separate provision if the conditions set out in Section 3 cannot be met:

> "(3) The conditions are that account has been taken, in accordance with section 7, of the views of the child's parent and that educating the child in an ordinary school is compatible with -
>
> (a) his receiving the special educational provision that he requires;
>
> (b) the provision of efficient education for the children with whom he will be educated; and
>
> (c) the efficient use of resources."
>
> Education Act 1981

In Oxfordshire the aim of integrating handicapped pupils into mainstream schools has been developed over a number of years. During the mid-sixties a scheme for teaching ESNM pupils in units attached to selected secondary schools rather than building ESNM schools was initiated. These units worked very much on a self-contained basis and the children in them had little but social contact with the rest of the school. Following local government reorganisation in 1974, the local education authority was forced to re-think the total organisation of special educational provision within the new county. Each of the three constituent areas which made up the new Oxfordshire had three distinct policies regarding special educational provision:

(a) units attached to mainstream schools;

(b) the development of special schools for all children requiring special education; and

(c) the development of special schools for pupils with learning problems, and out-county placement for other groups.

The development of the units attached to schools was the first task. How could these 'closed' units become part of the total school? How could staff attitudes be changed on both sides? The special staff rather liked working in a self-contained centre, whilst the main school staff preferred to have little to do with 'unit' children. Fortunately at this time the County was engaged in a building programme which involved adding facilities to certain secondary schools. Special educational facilities were included within this programme. Thus an opportunity for developing the notion, that a 'unit' should become a department of a school and that children should be on the roll of that school and registered in class groups or year groups, quickly followed. The physical facilities built on to secondary schools were based on a primary team-teaching concept and were open plan in design. Additional buildings have since been developed free of some of the mistakes evident in these early designs. Today, of course, we are engaged in looking at modifications to existing accommodation which is 'spare' within our schools. The next stage in the development was the introduction of special facilities (e.g. toilets for children with physical disabilities). Access arrangements also had to be looked at carefully if the children were to follow a full curriculum. Perhaps one should say that fire exit arrangements have usually proved to be the most difficult to satisfy.

The development of programmes to meet the curricular needs of children who have special educational needs is an ongoing process and the description of the Drayton School which follows later highlights this aspect. Certainly the attitudes of the teaching staff throughout the secondary school have changed. If the Warnock Report did but one thing, it was to bring staff together to talk about the children whom they saw as having special needs within their own schools.

Children with disabilities at the primary stage offer two challenges. First, can they meet the physical and social demands placed upon them? Second, can the school meet the educational needs of the children? Whilst the majority of primary teachers are willing to face the challenge of children with special needs, it is only in the past two years that in-service work has been undertaken to provide them with the kind of background information they need. This has been done by running five-day Handicap Awareness Courses similar to those proposed in the Warnock Report.

The success of the Alvescot experience, which is discussed in the following paper, has been the willingness and desire not only of all the staff of the school, but the support and encouragement of all the parents of children attending the school. However, there must be other factors which lead to successful methods of integration. Perhaps it is the ethos of the school - the school seeing the 'special' child not as 'special' but as a child who has the same needs as all other children but who may require something 'extra' if their individual needs are to be fully met. This 'extra' may be a different style of approach, a slightly modified programme, an extra pair of hands, an aid to communication, or a specialised item of equipment. The need of each child is different but within the classroom situation the demands in terms of behaviour, interaction with peers, and quality of work should be the same as for all children. There is a real danger, particularly at the primary level, for our compassion as adults to overrun our professional integrity as teachers. Certainly, the school which accepts children with physical disabilities must have appropriate back-up from the medical and paramedical services. The delivery and style of this support service must be made to the class teacher and the child in partnership and not to the child in isolation. The design and working pattern of our supportive services to schools, parents and children must be constantly under review. The success of schemes at the present time depends to a great degree on the personalities involved. We have yet to define clearly the precise elements which make integration a reality for some children and not for others. In the worst situations the integrated child may become an isolated child, failing to take part in the activities of the school alongside children who do not have 'special needs'.

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The Alvescot Experience

It was in September 1977 - before I had even heard of the Warnock Report - that I was asked to admit a retarded child whose speech was so poor that hardly a sound she uttered could be understood. I had my problems. I had been deprived of qualified teaching help by 'the cuts' for one thing and, although I had only 24 children, four to eight-year-olds, they were a very demanding two dozen, working in a fairly large L-shaped room with the assistance of an ancillary helper.

However, I agreed to admit Linda, and my helper and I settled her into my pre-school group of four or five children. Although the pre-school pupils attended school for only three hours a day, it was felt that she would benefit from the atmosphere of this group, because she was so retarded. The main sound she was capable of producing was a kind of nasal "mm", which preceded everything she tried to say.

From then on, Linda spent her days listening to stories, and to other children telling their 'news', in painting pictures and writing about her art by the expedient of drawing over the large writing given to her. She sorted and matched colours and pictures, played with sand and water, or any toy she fancied, and played a part in music and movement lessons.

Once a week a speech therapist called to give Linda some individual attention, supplying her with a work book and orders to practise at home. Linda was proud of the book and worked hard, and it was not long before she could say "baby". A few weeks later, she could say "dinner time", so every day she called us all to dinner! Although progress was slow, when she left us, she was able to make herself understood in quite reasonable sentences.

We had been working with Linda for about two terms when I had a visit from the Principal School Medical Officer, who asked if I would consider helping with the education of handicapped children. There followed a lengthy discussion of the meaning of the term 'handicapped'. I realised that, although there are many kinds of handicap, there is one basic need in all cases - the need to begin their education in a secure and happy atmosphere. In the case of individual needs - special equipment, for instance - I was assured that I would receive sympathetic support as each need became apparent. It was perhaps a daunting prospect, but I felt cheered by Linda's progress, and it was decided, after a meeting with my Managers, to go ahead and see what could be done. I then had a meeting with the local parents, who almost all endorsed the proposal, realising that their own, normal children had much to gain from the experience.

Accordingly, in September 1978 I admitted John, a retarded boy, for mornings only, and a spastic girl, Susan. My ancillary helper agreed with me that we would not anticipate problems, but would deal with them as they arose until we became familiar with the children's difficulties. We were delighted that they settled quickly into the school's routine, and played, sang, painted, and so on, and caused few problems. Susan, of course, not being mentally retarded, could take part quite effectively in oral activities, to the satisfaction of all. She was at that time unable to walk, due to a recent operation to lengthen tendons in her legs. Her special walking frame was kept in a 'garage' near her desk. In a few weeks her walking improved and, although she tumbled over quite frequently, she was expert at falling tidily, so that she did no harm. Playtime was a problem. At first she never attempted to go outside with the others, but gradually she began to venture out, and now we can't keep her in, even though she still falls frequently. She seems to be a happy well-adjusted child.

Within three days of admitting these two, I was asked to consider the admission of a brain damaged child, Jane, who was attending a day special school, a girl who was obviously brighter than her peers. This gave me a problem. I hesitated to admit a child with such special needs unless I could have extra teaching help. I could not possibly agree to the admission of any child unless I could guarantee to be able to cater for all his or her needs. I did not wish to fail either the handicapped or the ordinary village children, whose parents had to be won over to the principle, and be assured that the school was still a normal one. It was agreed that I could have an extra 15 hours a week of teaching help, so I agreed to admit Jane, and also Martin, a boy with spina bifida.

At this point, a further teacher joined the staff on the basis of 15 hours a week. This teacher was unused to a school of this sort, but she rapidly became 'acclimatised', and by Christmas was an old hand at the kind of skills required.

In January 1979 we set about the task of planning and organising ourselves in the light of recent experience and in the confidence gained from it, and divided the children into three groups -

Group 1 (5 children)

Mostly pre-school children, attending for mornings only, but including also one or two reception infants not yet ready for formal work, plus Jane and John, the retarded boy. (The ancillary assistant was a great help with this group.)

Group 2 (8 children)

Mostly first year infants, plus Linda, Chris, and one or two older infants who found progress difficult for one reason or another.

Group 3 (14 children)

All those children who were beginning to use their school day sensibly, including Susan.

The School Day

0815-0840	Children arrive. I take money, notes from parents, talk with any mothers who arrive.
0840	Prayers. Everyone together for news or a Bible story or a discussion about anything currently interesting.
0900	Group 1 paint and write, then play with toys or apparatus. Group 2 usually read for a few minutes to begin the day. Group 3 always have 15 minutes quiet reading at this time. They then settle to their morning's activities, which can include writing stories, work on some definite project, maths, painting, simple English exercises, music, music-and-movement, etc.
1315	Story time. (Some of the younger children are very tired by this time and need to be quiet for a while.) Handwork. Free play. Modelling with junk, clay, etc.
1445	School closes.

When we discovered that the weakness of Chris's arms was such a serious problem, our physiotherapist arranged a visit from the occupational therapist at the Hugh Ellis Paediatric Assessment Centre, whose advice was used with success. When Chris left us, he was writing freely his own stories and, although he had had at one time a fear of playtime, we solved this by providing him with a go-kart from the toy library. This enabled him to become the active leader of a gang, and he thoroughly enjoyed playtime from then on.

We settled well to a routine of work and play that was proving its worth. All of the handicapped children were integrating, not only within their own small group, but also as members of a fairly normal infant class.

We were asked to admit Robin, another spastic child, who was unable to walk, and whose arms and speech were seriously affected. His mother was badly distressed about the boy and his possible future, expressing the wish that he might be treated as normally as possible, and insisting that he was mentally normal. I asked to see the boy and, when I did, I must admit that I was horrified by the extent of his handicaps. I realised that if I were to admit him I would need some assistance. I did finally agree to help, but very much on a trial basis. At first, his mother's distress was so great that he found it almost impossible to settle. We had screaming sessions when he had to be taken from the classroom, and sometimes his mother had to be sent for to calm him down. She thought that the journey to school by taxi was upsetting him, but I was of the opinion that the separation from her was a more likely cause.

I was then offered a welfare helper for him, who could move him about as necessary, see to his toilet needs and be generally responsible for his welfare. Then we tried again, slowly at first, mornings only. His mother provided an electric typewriter for him and, once again, our physiotherapist helped by providing notes on how to train children in the use of it. This training was given to him by his welfare helper, half an hour at a time, in the privacy of my office, and Robin learned rapidly, both about the use of the machine and also about his letters - their names and sounds. When this was accomplished, he returned to the classroom, to Group 2, complete with the machine, and has since made progress comparable with that of the other children. He has speech therapy regularly, and physiotherapy in school twice a week. His speech has shown notable improvement.

Throughout all this, the normal children have been marvellous. The handicapped ones have never felt too 'different'. There has always been someone prepared to help, or play with them. Our severely handicapped boy is of normal intelligence, and now romps about the school on all fours as though he owns the place. Nobody is distressed because he is different. In fact, to crack a joke with him and 'have a giggle' is regarded as great fun.

I admitted Michael, a local boy with cystic fibrosis, who knew that he would not survive to adulthood. He discussed this quite openly and calmly with me. In his quiet, private conversations with me I found that if I remained relaxed and happy - superficially at least - these (for me) sad moments passed and he returned contentedly to work or play, relieved of his need to talk. He often tells me, with a big smile, that he loves his school. Our reward for caring!

September 1979 saw us regrouping again. Some pre-school children were moved to Group 2 as new pre-school children arrived. Our brain damaged child was put into Group 2 and encouraged to settle. Chris moved to Group 3 and coped well. Other children moved as their needs became apparent. Our spastic boy was expected to settle with Group 2 from January 1980 and with the support of his welfare worker found that he could cope and take part in any of the group's activities. He went to see baby lambs, and added his typewritten work to the group's writing on the subject and even, at last, joined in group discussions. (We also discovered that he could 'play up' his welfare helper, and at times she got quite cross, which he thought was a huge joke!)

Of course, we've had our bad times, too. When the spastic boy couldn't make me understand what he wanted, and screamed and screamed. I feared lest the other children should become distressed. Once again, I found that if I treated them in exactly the same way as usual, they could accept it and continue with their activities. When our retarded boy has a tantrum, the rest of the children are on my side and he is soon brought back into line without their becoming too bothered about him.

When our brain damaged girl first came, we had many a problem with her behaviour, so on the advice of the paediatrician we made a list of priorities and worked on her difficulties one at a time. To a great extent this was the answer, and she was gradually trained to a more acceptable pattern of behaviour.

Encouraging all the handicapped children (as well as all the others!) and keeping quiet for a while when Linda wanted to say something, and expecting them to make progress, has meant much more work for us, but it all has its rewarding side. I believe that a really caring Head Teacher, with the support of a well organised infant class and of all the specialist agencies available, will solve most of the difficulties. Indeed, provided that the normal children are well established to begin with, they will often solve problems with no guidance from adults at all. My staff have always been very helpful and supportive, including the dining-room assistant and the dinner-hour lady. Our physiotherapist has sometimes had to accept a load of anxiety from my shoulders, but has always given great support and good advice.

Conclusions

I have discovered many valuable things in the last three years. It may be useful to make a note of a few of them, in case other people are encouraged to tread the same path. I found, for instance, that it really was good advice never to worry about things that would probably never happen, and to solve problems as they occurred. I found help in every direction, no matter what the difficulty was, as long as I was prepared to sing out for it.

I found, too, that normal children are naturally compassionate and naturally helpful. I think the handicapped children in my care probably get as much help from the other, normal, children, quite spontaneously, as they get from anywhere else. At any rate, I have cause, and so have my handicapped charges, to be very grateful to the ordinary children of the school for simply being themselves.

I did not put restraints on the handicapped children, but allowed them to take risks, having found that they know their own limitations, and can be trusted not to go too far. I found it necessary to plan playground apparatus that they could use - go-karts, tractors, etc. It was amazing what the parents found they could do when faced with problems concerning equipment. I found them to be extremely helpful.

I found it useful to keep very full, detailed notes about each handicapped child. Looking back over them at a later date, I am intrigued to discover how much we have learned together. I have always informed the school when I have news that another handicapped child is expected. In very simple and general terms I tell them what to expect. This has encouraged them to feel important - as, indeed, they are. We all try to avoid the danger of doing or saying anything that might distress the handicapped child.

Every child needs individual attention when his formal education begins. I have found, in many years of infant teaching, that I can give such attention to a maximum of about 25 children. After that, life gets rather difficult! (So far, at Alvescot, we have seldom exceeded this figure.) It is this sort of individual attention which pays such dividends. A child who has gained confidence in himself and trusts his teachers and those about him, will reach his full potential, whatever that may be.

Attitudes remain, by far, the most important thing. If good healthy attitudes are established in the child, he will become balanced and fulfilled, a happy person. Quiet, helpful patience with Robin and his typewriter, with Susan and her walking problems, brought their ultimate reward. I see no reason why children like Robin should leave this school academically retarded or unhappy in any way. All handicapped children are encouraged all the time to integrate with the others. There are very few rules to keep, but those we have are firmly kept - by everyone.

I allow the mentally retarded children to repeat work as often as they like, in order to progress and acquire confidence. I expect the physically handicapped children to be as active and as independent as possible. I allow them, for instance, to fetch their own books, but I do not allow them to fetch and carry anything breakable, such as a dinner plate, a glass or a milk bottle.

Allowances are made, by all of us, each for the needs of the others and, once the nature of the handicap is known by everyone, we find that everyone is keen to help, because we had that kind of atmosphere in the beginning, before we ever admitted a handicapped child. So you may find, if you come to visit us, that the mildly physically handicapped children are allowed to stay in at playtime if the weather is unkind and are not expected to join in fully with physical activities, and so forth. Severely handicapped children are not, of course, expected to do anything impossible for them, but nonetheless a very high standard of achievement is looked for, whatever the handicap might be. For the normal child, the school is still normal, and I fully intend that it shall remain so, for this is the very essence of the Warnock Report. And I have seen it working.

We have had our ups and downs, of course. We have at times felt depressed, I must admit, but I can assure any reader that the rewards at the end are great. I realise that this paper, lengthy though it may seem, cannot be full enough for those with a genuine interest in the subject. For those, let me assure you that you will be welcome at Alvescot if you would care to drop in. Our experience here has been interesting and fruitful. We hope you will be interested and encouraged.

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Special Needs Resource Department in a Comprehensive School

The special provision planned for Drayton School, a comprehensive school of 1200 pupils, was a self-contained 'unit' which had the potential to provide full curricular facilities for sixty ESNM pupils. The building was designed to have four large teaching rooms, woodwork/metalwork shop, domestic science room, toilets, staffroom/office. If the Department had developed as a self-contained unit - in effect a special school within a school - then locational integration would have been achieved, as pupils who qualified for special school placement would have received their formal education on the campus of a mainstream school - with the possibility of some social interaction with pupils from other parts of the school. However, the Headmaster was very clear in his view that the provision should have full departmental status and that the staff and pupils should play as full a part as possible in the academic and social life of the school.

After the experience of working in two residential special schools, I joined the staff of Drayton School with a firm belief that children with learning difficulties should be educated as far as possible alongside their neighbourhood friends. I had only rather vague ideas as to how children whose educational needs were such that they qualified for special school placement could effectively and efficiently be educated in a normal situation.

I toyed for some time with this notion of 'integration' and wrestled with the problem of how to integrate, before I realised that all the time I was merely confirming the popular notion of two distinct populations - the handicapped and the non-handicapped. Instead of thinking in terms of integrating a special population within the school, I realised that I should be looking at the total population of the school, identifying the pupils needing special support and then creating a structure which would provide that support. Special support at Drayton has taken many forms: for example, individualised learning programmes in the key areas of literacy and numeracy, modifying parts of the existing curriculum, offering alternatives or supplements to parts of the normal curriculum. In addition, the provision had to be flexible enough to offer a full and demanding curriculum to the minority (a tiny minority as it turned out) of pupils whose needs were such that for some, or indeed all, of their time at Drayton School they would be unable to attend any regular classes.

The overriding aims of the Department are to try to meet each child's special needs and, as far as possible, to try to normalise his educational experiences. The principles upon which the organisation of the Department is based are described below.

First, as far as possible, special education should be seen as an extra or a modification, rather than a total alternative, to the regular educational programme which is offered. This differs considerably from the practice of sending groups of 'special needs' pupils into mainstream classes or sending individual pupils to some regular classes. We felt that the regular form or class should be the principal base for all pupils. As a result, since the first half term following our opening, all pupils except for a very small minority have registered with, and been full members of, mainstream forms. Second, any special pastoral support required by a pupil should be seen as an addition to the normal pastoral system rather than an alternative. The most important person in any pastoral system is the Form Tutor and the department tries to emphasise this. Third, in our efforts to meet each child's needs we have found it necessary to adopt a system of individual timetables. The system has two distinct stages: first, identifying each child's educational needs; and, second, trying to meet those needs within the existing organisational framework. It is important to know as much as possible about pupils before they transfer to secondary school if good provision is to be made for them in the first year. Information is collected by the educational psychologist, head of basic studies and head of first year, on visits to all primary schools. Drayton School organises meetings in the second half of the summer term between staff and the parents of pupils about to transfer to this secondary school.

Once the pupils are in the school their progress is monitored carefully and the special tutors (Basic Studies Department) prepare timetable notes on each pupil at the end of each year. These notes are written by the special tutors and pupils and include information gleaned from subject reports, teacher and pupil observations and they assist the Head of Department in his preparation of the following year's individual timetables. In addition, the staff of the Basic Studies Department review, at least annually, the progress of each pupil who receives substantial support from the Department. The review includes an identification of priority areas of special educational need for each pupil.

During the middle of the third year, the Department seeks to widen the scope of the meetings in school between parents, pupils and teachers. This discussion can involve professionals such as educational psychologists, social workers, etc. Thus an attempt at a full multi-disciplinary re-assessment of each child's needs, as recommended by the Warnock Report, is made.

Once educational needs have been identified it is the responsibility of the Head of Basic Studies to produce a timetable for each pupil which seeks to meet these needs and which normally entails attendance at some mainstream lessons. Specialist rooms and staff have been designated within the Department and this has enabled learning in the key areas of literacy and numeracy to be individualised. Department based in-service training takes place in the curriculum meetings which are held after school every Wednesday. Each teacher within the Department has responsibility for a specific area of the curriculum, in addition to being a member of either the literacy or numeracy team. These teams use some of the Wednesday meetings to develop teaching resources and expertise in these basic subject areas.

Fourth, from the beginning everyone has worked to ensure that there would not be two distinct populations in the school - the 'special needs' and normal pupils - and that in the area of learning difficulties, for example, a continuum of disability would be recognised. It was also accepted that the amount of support required by children would vary. While it is fairly clear that an 11 year old pupil who has an I.Q. of 60 and a reading age of 7 will require some support, what is the appropriate support for an 11 year old pupil with an I.Q. of 90, a reading age of 7½-8, a hearing loss and who is a thorough nuisance in a large class? It is quite possible that the first child may be less handicapped by his disabilities than the second and thus requires less support. Therefore the Department has to be sufficiently flexible to offer a wide range of full and part-time support to a large number of pupils. We can no longer justify a particular level of support because a child falls into a certain category. The amount of special support should be based upon a child's educational needs with, I would hope, minimum withdrawal from the regular educational programme.

Fifth, from the beginning staff have made determined efforts to make the unit attractive to all pupils. Some of the ways in which this has been done are indicated:

(a) the unit was developed as a social centre which is open before and after school, lunch and break times to all pupils within the school. Social facilities include bar billiards, snooker, bar football, table tennis, record player, facilities for making coffee, etc;

(b) the first year Youth Club is held within the unit;

(c) staff try to ensure that the building is always clean and attractive with good displays of work;

(d) photography, car maintenance, go-karting and art clubs are run at lunch times and membership is open to all pupils within Drayton School; and

(e) trips to ice skating rinks, camping expeditions, etc. have been organised for pupils who care to use the social or educational facilities of the Department.

Special educational support has been provided within Drayton School in a number of different ways:

(a) help, in the form of individualised learning programmes, for pupils with reading, writing, spelling and number difficulties;

(b) specially modified geography, history, physical science and biology courses for those unable to benefit from these mainstream lessons and for those who require additional opportunities for learning within these subject areas;

(c) extra specialist help with craft and other practical subjects;

(d) a two-year 'preparation for adult life' course for pupils who have been identified by the multidisciplinary re-assessment team as requiring substantial help during their final two years of secondary schooling;

(e) counselling support for a small number of pupils;

(f) the speech therapist and the specialist teacher of reading within the Department have worked together to develop a language and reading programme for a boy with a severe language impairment;

(g) the physiotherapist and a teacher from the Department have worked together to ensure that a pupil who suffers from muscular dystrophy does the required exercises during registration and lunch times while enjoying the normal school situation;

(h) support has been provided at social times (break, lunch times, etc.) for pupils who, because of behavioural/social problems, are considered to be 'at risk'; and

(i) the Department has been used as a halfway house for a school refuser in a programme which has resulted in his return full-time to regular lessons.

AN INTRODUCTION TO THE WESSEX READING ANALYSIS

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Wessex Studies in Special Education, 1982, Vol. 2, pp. 109 - 120

Introduction

The Wessex Reading Analysis is designed to provide an instrument which may be used for the evaluation of reading skills for children aged 7:0 up to 13:0. The flexible way in which it may be used to obtain the kind of information that the user desires is a key feature of this new test. A consequence of this flexibility is that the user must be sure in his or her own mind regarding the purpose for which the test is to be used before testing commences. A person who wishes to make a spot check on the level of performance, or to evaluate the rate of progress being made by a small group of children, will use the test in a very different way from a reading specialist who wishes to analyse in depth the strengths or weaknesses of a particular pupil.

This new test instrument has been developed by a team of researchers jointly based at King Alfred's College, Winchester and the School of Education of the University of Bristol. Funding for the research on which this version of the test is based came from a research grant provided by the Department of Education & Science. Fieldwork undertaken between 1979 and 1981, which involved the individual testing of 2,116 children, underpins the estimates of ability which may be derived from using the test items. Whilst the major part of the standardisation sample was drawn from pupils living in the southern half of England, smaller number of pupils from a metropolitan county LEA from the north of England were also sampled. Comparison of the data obtained from these two contrasting samples suggest that the test is equally valid in both areas. The many LEA officials, advisers, teachers and children who had a part to play in this co-operative venture are too numerous to list here. Without their aid, the project team would have been unable to complete their task and their indebtedness to the help which was so generously given is hereby acknowledged.

Any new instrument must stand comparison with existing instruments which have proved their worth over the years. Three main reasons for wishing to develop a new test may be noted:

- our understanding of the reading process has deepened considerably as a result of developments within the field of psycholinguistics;

- new statistical techniques have been developed that allow for a flexibility in the use of test data which was previously unobtainable;
- changes in social conditions and shifts in the use of language render inappropriate the content of tests, some of which were designed to reflect the contemporary scene of a decade or more ago.

In recent years, a number of new pencil and paper group tests of reading have been developed. These tests provide a good guide to the overall level of performance of a class, however, they do not allow for the detailed analysis which can stem from hearing an individual child read. Neither do they provide any insight into the process whereby the correct, or incorrect, response has been achieved. Consideration of the above matters led the project team to conclude that the time was ripe for the development of a new individually administered test of reading.

Aspects of the reading process

Kenneth Goodman has described the process of reading as a psycholinguistic guessing game. In using this description he highlights the fact that reading depends upon a number of strategies that the reader brings to bear when faced with the printed page. The word 'guessing' in the definition signals that the reader uses only a part of the information available to him, in fact it has been found that at any one time the skilled reader only uses the minimum amount of the available information to satisfy himself that he is correct. Whilst at one time it was felt that reading was wholly dependent upon a direct transposition of graphical information to the spoken, that is graphemes to phonemes, it is now believed that at least two other processes are at work. The first of these processes suggests that the reader is self-monitoring with regard to the structure of the sentences that are employed, that is the reader checks the syntax of what he reads. Pupils who are employing this strategy produce sentences that are grammatically correct even if they do not match exactly what is contained on the printed page. The second of these processes indicates that the reader chooses words that are appropriate with regard to their content, such choices are semantically correct, errors of substitution may occur but they carry along the story line in an appropriate manner.

Consideration of the above suggests that the teacher can glean much helpful information by recording carefully the errors that a reader makes when reading aloud.

Another aspect of reading which now commands fuller attention than perhaps it did in the past, is the extent to which the pupil comprehends what he or she has read. Two dimensions are of importance here. Firstly, the style of the passage under consideration demands different levels of interpretation. The Bullock Report recommended that pupils should encounter passages of different styles and listed: narrative, instructional and poetic styles. Secondly, comprehension can demand that the focus be upon different lengths of utterance, thus a pupil may be tested upon the meaning of a particular word or phrase, or alternatively even expected to comment upon the extent to which a writer shows objectivity or consistency within the full extent of a particular passage.

These aspects of the reading process demand that the test developer creates passages to be read that allow for a thorough evaluation of the above skills and it is to this end that the passages that form the Wessex Reading Analysis were chosen.

New statistical techniques

The statistical technique which has been used to process the data collected in the field trials and main standardisation sample, is one originally proposed by the Danish mathematician, Georg Rasch. These proposals have been further developed by a team working under Professor Ben Wright at the University of Chicago. The particular computer programs which have been used in conjunction with the present work were developed at the University of Bristol and are extensions of the work of the Chicago team. Whilst there has been some criticism of the use of this form of analysis, particularly with reference to the testing of mathematics by the APU, it should be noted that in Rasch's original description of the technique, its use in the evaluation of reading provided an example of its sophistication when compared with other techniques. Furthermore, the pattern of the growth of skills in reading for the ages covered by the present test is probably less influenced by local variations than would be the case with mathematical topics.

The Rasch analysis depends upon a model which derives its strength from identifying levels of difficulty for test items from observed data and estimating the pupil's ability from their performance on selected items of known difficulty. The key phrase in the previous sentence being 'performance on selected items', for it is the flexibility allowed in the choice of items which allows for the production of a test which is tailored to the particular ability of the person under scrutiny. Whether that person be very able or correspondingly weak, the form of test adopted allows for the selection of sufficient items at the correct level to enable a reliable estimate of a person's ability to be provided. An associated benefit, is that the teacher may choose a length of test which fits the need of the particular occasion when the test is being used.

One outcome of the use of this form of analysis is the production of a scale which may be used to compare pupils of different ages or for comparing the level of achievement reached by the same pupil on several occasions. This scale does not make any assumptions regarding the rate of progress which may be expected to be made in any school year, neither does it assume that the progress made during the years 12 to 13 may be equated to the progress from 7 to 8 years of age. Another outcome of the test design is that both very weak and very able pupils are given a sufficient number of test items at an appropriate level of difficulty for a reliable estimate of their ability to be obtained. The use of reading ages is well established in many schools and it is not expected that all teachers will immediately wish to abandon their use of reading ages in favour of the new scale. The reading ages associated with the new scale, however, should be regarded as both approximate and provisional, for convenience they have been linked with the 1971 revision of the Schonell Graded Word Reading Test.

Test content and changing conditions

Changes in social conditions and shifts in the use of language tend to render inappropriate the content of tests designed for previous decades. Similarly, the appearance of the printed page is influenced by subtle changes in typography and lay-out which just as surely date test materials as changes in other areas.

Whilst schools should aim to reflect those aspects of the contemporary scene which are likely to endure, it would be wrong if they did not attempt to keep abreast of current developments. Similarly, the developers of test materials will wish to provide a test which is as up-to-date as the other materials which are currently in use in schools.

Where in the past, the passages used for reading tests have been illustrated by line drawings, these have often dated more quickly than other aspects of the test materials and consequently it was considered unwise to illustrate the present test materials. The incidents portrayed in the test paragraphs have been chosen to provide passages that are of interest equally to both boys and girls. Additionally, compared with some other tests, there has been a conscious attempt on the part of the present writers to provide passages which invite the reader to explore ideas in an imaginative way. However, only continued use of the materials will demonstrate whether or not this aim has been achieved. Unlike a deservedly popular reading test, the present instrument fails to refer to 'the milkman's horse and cart', however, these materials will just as surely date.

A branching reading test

One aspect of the Wessex Reading Analysis which distinguishes it from previous instruments designed to test oral reading skills, is its branching format. By the use of this approach the pupil is quickly routed to test items of approximately the correct level of difficulty. The first set of items is cast in the form of questions about reading attitudes and skills, whilst the second set of items is a series of paragraphs of varying styles. The level at which a pupil transfers from sentences to paragraphs is determined by the number of errors that a pupil makes in reading the initial set of questions.

The use of sentences cast in the form of questions for evaluating reading is a device used by Daniels and Diack in their 'Graded test of reading experience', which is part of 'The Standard Reading Tests'. Any teacher who has used these sentences will testify that a child relaxes as they concentrate upon answering the question, hence it is easier to attain rapport than in other circumstances. In the case of the Wessex Reading Analysis, the teacher is able to gain a considerable amount of information as a result of listening to the children's answers to questions which they have read aloud, such as: "How do you choose a book?" or "Do you enjoy reading autobiographies or do you prefer literature concerning fictitious characters?"

A device which is used in the Wessex Reading Analysis which helps the teacher in recording and scoring items, is the use of what the research team call 'criterion words'. These words, which are embedded in the running text, are identified on the recording sheet by being underlined, however, from the child's point of view these are not distinguished in any way from the other words in the test booklet. In the case of the two questions quoted above, the teachers' record sheet reads as follows:

> How do you choose a book?
>
> Do you enjoy reading autobiographies or do you prefer literature concerning fictitious characters?

The individual sentences are presented to the children in the form of a spirally bound booklet with each page only containing a single question. Coloured cards divide off the various sections of the booklet and the pupil's record form instructs the teacher as to the appropriate test paragraph to branch to in order to complete the full test.

A feature of the Wessex Reading Analysis is that if the teacher feels that sufficient information is forthcoming from the child's performance on the sentences, the testing may be stopped at this juncture. Using the raw score obtained from this section of the test a measure of reading ability may be obtained by reference to a table of norms.

To complete the full test the child is also required to read up to three sections from the booklet containing paragraphs in narrative, poetic and instructional styles with appropriate comprehension questions. As indicated above, the initial paragraph to which a child is guided depends upon his performance on the series of sentences that are read first of all. The teacher opens the test booklet at the appropriate page and instructs the child to read aloud from the top of the page. As the child progresses the teacher records what has been read on specially prepared record forms which provide the full text of each page. If a teacher later wishes to perform a miscue analysis, a full record of all deviations from the text must be made. However, in most cases, it will only be necessary to record the child's performance on each of the criterion words, of which there are sixteen in each passage.

Following the reading of each passage the child is given a series of comprehension questions. The questions are printed on the page facing the passage which has just been read but until this point are covered from view. The questions are read to the child who is allowed, if he wishes to refer back to the original text. Each passage has seven comprehension questions cast in a variety of forms, and to help the teacher the record form also contains both the questions and a list of suggested acceptable answers. Where necessary the child may be prompted to expand an incomplete answer where sufficient information has not been provided in the first instance.

It is recommended that where possible each child be asked to read three consecutive passages of ascending levels of difficulty, hence they are required to respond to differing styles of material. However, if a child finds the second passage (or even the first passage) particularly difficult, he should then be routed to an easier passage rather than to a more difficult one.

Provision is made in the norms to derive scaled scores for the two areas of reading accuracy and reading comprehension from the reading of one, two or three passages at different positions within the scale. As with all tests, the accuracy of the scaled scores increases in proportion to the number of items scored. However, the branching format of the test ensures that individual children do not waste time being exposed to items that are either too difficult or too easy for them.

Future developments

In a brief article such as this it is only possible to provide a brief glimpse of the thinking which underpins the development of a new instrument designed to help teachers assess the reading abilities of school children from the ages 7 to 13 years of age.

Once the Final Report of the project team has been accepted by the Department of Education & Science, which funded the research, it may then be possible to make copies of the report available to interested parties who are prepared to pay for the cost of duplicating the report. (These may be available from King Alfred's College, Winchester or the Research Unit, School of Education, University of Bristol.) This report will enable the persons concerned to obtain a more detailed overview of all that has been undertaken.

At the moment, informal negotiations are taking place with NFER-Nelson Publishing Company Ltd, with a view to publishing the test under the title, The Wessex Reading Analysis. If these negotiations are completed satisfactorily, it will then be possible for teachers to benefit from the work undertaken by the members of the research team.

Suggested further reading

The aim of the list of references below is to help readers in locating material which will help them in coping with assessing and diagnosing the reading problems which they encounter.

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EDWARDS, P. (1978). Reading Problems: Identification and Treatment. London: Heinemann Educational.

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RAGGETT, M. et al (1979). Assessment and Testing of Reading. London: Ward Lock Educational.

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IN-SERVICE TRAINING FOR SPECIAL EDUCATION

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Wessex Studies in Special Education, 1982, Vol. 2, pp. 121 - 128

In-service training (INSET) is one of those activities we all praise, claim to be essential but find hard to define and in times of declining budgets harder and harder to provide. No candidate for any senior post in education forgets, unless at his peril, to mention how highly he regards INSET. It has become sacred. Its sacredness for special education is reinforced by the fact that teacher training was one of the three priority areas identified in the Warnock Report.

The first problem for teachers in special education and perhaps for many others is that it is assumed that there is such a process as training to be a teacher and all that is subsequently needed is the application of another layer on the top - a special education layer. Many teachers would question whether they had ever been trained in the first place! And most of us have horror stories from our training days.

So very often INSET is seeking to provide what should have been provided at the initial training stage. Although I do accept that many things once known are then forgotten and that there is a need to prompt the memory, it is crucial that there is a firm foundation of knowledge and an awareness of how to acquire further knowledge. As part of their initial training courses students need to learn to know how to further their own knowledge in special education.

INSET can be defined as the process of acquiring new knowledge and experiences and relating them not only to one's original training but to the day-to-day task of being a teacher. INSET should be seen both as a continuation of initial training and a way of blending the practical with the theoretical.

There are certain facts that must be taken into account when considering INSET. Whatever we would wish, there is the continuing reduction in financial support for INSET. The outlook is bleak and the battle is now to hold on to what we have with little likelihood of possible expansion. There is scant prospect of any easing within the next few years. Therefore we need to concentrate on cheaper, more cost effective programmes of INSET. Pipe dreams of mass secondments are of little use.

The shrinking of resources, promotions and opportunities are likely to produce a very defensive, inward-looking approach amongst many teachers. With fewer new schools, rolls falling and schools closing or amalgamating, new opportunities will not be there. It is unlikely that in the immediate future there will be any external factors, like the integration of the severely mentally handicapped into special education in 1971, which will produce dynamic new developments. Thus new thinking and developments must be internally stimulated and produced. A time of fear, entrenchment and suspicion is not an ideal one for new thinking about INSET but new thoughts and plans are nevertheless needed.

Another factor that needs to be considered is the broader definition of special education advanced by the Warnock Committee. Special education must now be seen in the context of the 20% rather than in terms of the 2% who are referred to special schools! Although there has been a vogue for school-based INSET, there is a danger of concentrating such provision on an individual school or a particular group of schools and forgetting the wider implications. As schools get smaller we need to move away from this inward-looking practice to a far broader approach.

Should INSET be provided for all teachers or should it involve only those who express an interest in it? Traditionally, we have felt that a sense of professionalism, an interest in one's work and a desire to 'get on' have acted as the necessary stimuli for many teachers to attend in-service seminars, courses and conferences. But what about those teachers who, perhaps through smug contentment or a lack of inner drive, feel no desire or express no need to undertake any in-service training? This is not a small population. Attempts to use self-evaluation procedures often reinforce their cynicism or cause them to be more defensive. Or this group is simply passed over and ignored. There is certainly no reason to believe that this group is larger in special than in mainstream schools. But the problem still remains. Clearly, the persuasive skills of the headteacher and inspector are very important here.

So very often in planning INSET programmes it is forgotten that teachers have had a physically hard and mentally demanding day. Many have immediate family commitments, whilst others have a heavy load of extra-curricular responsibilities. These need to be taken into consideration. Too much must not be demanded of teachers who give so much that everything suffers, their teaching and private lives. Good teachers are, I am sure, those who come to their daily task physically and mentally refreshed as only in that condition can one work well in what is becoming a far more demanding profession. Thus there needs to be an understanding and supportive atmosphere in the school staffroom. A teacher needs to feel that those amongst whom he works care about their work and feel a sense of value and interest in acquiring new skills and ideas. A thinking and caring school staff produce the correct ambience for thinking and caring in-service training.

The most important element in an INSET programme for special education is the encouragement it provides for the individual teacher to continue his own education so that he may become a more broadly educated person. If a teacher wishes to study in his own time for a degree, diploma or certificate, then his employer should financially support him. The motivated teacher who is prepared to give his own time and energy to further his educational studies represents a relatively inexpensive way for a L.E.A. to encourage the development of new knowledge and thinking within a school. The Open University degree and post-experience courses also fulfil this kind of function as do many university and college of higher education courses. However, it is recognised that a large percentage of the INSET funds of a L.E.A. would be needed to support such a programme.

Another important INSET area should be the provision of courses on basic awareness information. This can be done by involving professionals drawn from the educational, social and health services so that all concerned in helping children with special needs can share their knowledge and new thinking. General awareness meetings to discuss, for example, epilepsy, hearing problems, speech difficulties, behaviour problems etc., could be planned on an area or district basis for staff from the different services. There is so much simple background information we all need to know or to be reminded of at frequent intervals. It is wasteful to provide such information simply at school level and it is good to encourage multi-disciplinary gatherings. So many difficulties are due to the unnecessary compartmentalization of knowledge and to differences in training in the various different disciplines.

A third major area of INSET should be to broaden the teachers' horizons by creating opportunities to see how other teachers work, what happens when an educational psychologist tests a child, and a health visitor goes into a home. What is needed is the chance to share the approach and insights of colleagues. The teacher who has been isolated for many years within the four walls of the classroom and possibly with the same age or ability group, badly needs to have his horizons widened. We need to know what is going on in other schools. It is not enough to read about new developments, it is important to experience them at first-hand. We need to understand how other professionals work by spending time with them, asking questions and comparing patterns of work. We know that our children need new experiences in order to learn and so do we. INSET must encourage this by planning these experiences carefully. Allied to this is the need to exchange teachers between different schools so as to provide them with new perspectives and understandings. This is a delicate matter but is nevertheless an invaluable form of in-service training.

If teachers have the opportunity to enjoy these three different forms of INSET, namely pursuing their own studies, sharing background information with fellow professionals and having the chance to see what others are doing, then and only then can we be in a position to develop the curriculum and to have fresh insights into our teaching. The goal of INSET should be to make teachers better at teaching and more able to comprehend children's needs and how these can be met with existing staff and physical resources. Too often staff are expected to plan new curricula without the necessary training and experience. This is a pointless exercise. Curriculum planning, like INSET, should be a continuous process.

I would see the framework for INSET in special education as being basically the same as that for teachers in other areas of education. The only difference would be in the content and the greater degree of 'cross-border' linkage with other professional workers. Learning to ask questions of others and having to explain what one is doing oneself is a valuable training in itself.

Finally, we must not forget that it is not always the teacher who attends innumerable meetings, who returns home with handouts bulging from every pocket and who eagerly seeks out the next seminar he can attend, who is receiving the best form of in-service training. That same teacher could possibly have done better by half-an-hour's reading of a particular book or article followed by half-an-hour's thought and contemplation about its implications for children, staff and school. The former can appear impressive on the application form but may not be as valuable as the latter more private exercise. INSET is about re-charging the battery not running the battery flat!

Brennan, W.K. (1982) Changing Special Education.
Open University Press.

Reviewer: Colin Robson, Reader, Department of
Behavioural Sciences, Huddersfield Polytechnic.

Wilf Brennan's book is one of the initial titles in a "Children with Special Needs" series which is intended to provide "short and authoritative introductions for parents, teachers and anyone concerned with children with special needs". The title of the book is deliberately ambiguous. One emphasis is on a descriptive account of special education as it is now, covering how the present system has evolved since the end of the Second World War. A second emphasis is on how special education might be changed to better serve those with special educational needs, with a concentration on the gulf between the recommendations and priorities of the Warnock Report and the provisions of the 1981 Act, and on what might be done to bridge that gap.

The editors claim that the book is a "handbook for action" and a "practical guide" appropriate for "parents, teachers, social workers and the members of voluntary and support agencies as much as for administators, members of multi-disciplinary teams or governing bodies and everyone interested in making a better future for those with special educational needs". This is true only in a rather special sense. The book is, for example, certainly not a practical guide for teachers when actually teaching. Nor does it set out to be. It is primarily about the 'system' - what it is how it works, how it has evolved to its present state and how it is about to change. As such, the main concentration is on the administrative and legal framework of that system. In doing this it could indeed be very useful for anyone with responsibilities for implementing the system or with a concern for ensuring that it is implemented, which certainly includes all those listed by the editors.

There are clear and detailed accounts of the people and processes currently involved in discovering and assessing special educational needs, of salient aspects of legislation and of the considerations which apply in placing a particular child in an educational setting. Statistical information about the distribution of handicap and of provision in special schools and classes both nationally and in a local example (taken from a "major English education authority with a long and distinguished history in the development of special education for handicapped children") provides a useful quantitative and comparative base for the discussion, though it is somewhat vitiated by a misleading or inaccurate table - p.14. To get minor quibbles out of the way, it also appears that the 'further reading' section needs attention. A list of 'recent general surveys' of special education in which the most recent is over ten years old and which includes superceded editions hardly justifies the term 'recent' in a rapidly changing field. Finally, students of sex-role stereotyping will perhaps not be surprised to note that family doctors, psychiatrists and assistant education officers are male, while health visitors, social workers (including psychiatric social workers) and educational psychologists are female.

On first reading, my impression was that too much attention had been given to the past and to expositions of aspects of the system which had passed or were changing - for example, an appendix gives detailed definitions of the now superceded 'categories of handicapped pupils'. Also, the exposition in places appears uncritical, not so much in what is said, to which it is difficult to take exception, but more for what is left unsaid. Thus the account of the different roles of those involved in assessing special educational needs concentrates on what each should do, without highlighting potential or actual problems in working the system. Similarly a statement that "All teachers in the schools of LEAs are trained and qualified for their work" is certainly true but it is only on reading that "almost all teachers of blind or deaf children have special training for their work as this is a legal requirement for work in the area of disability" that the careful reader will appreciate the (correct) implication that teachers of children with other special educational needs do not have this legal requirement and hence the phrase "qualified for their work" refers to a general teaching qualification rather than their necessarily having any special training. However, overall and on re-reading, I am persuaded that the balance is about right and those criticisms that are made, for instance, of the shortcomings of the previous medical domination of the assessment procedure and of the inadequacies of legislation, appear the more telling when set in sympathetic context by an experienced practitioner. In similar vein the historical perspective presented in the book is of value not only, and perhaps not so much, in its own right as for the way in which it sensitizes us to the possible effects of current legislation. For example, the author presents an analysis of the way in which the opportunities created by the 1944 Act were not realized in the subsequent provision of special education. He documents the growth in special school places which followed the Act and the comparative neglect of provision for handicapped pupils within ordinary schools. His argument is that the virtually continual pressure on the 'main' system (produced by reorganisation of secondary education in the tripartite system, raising of the school leaving age, move to comprehensive secondary education, revolution in primary school methods, etc., etc.) led to a common and continuing tendency to isolate problems and make separate provision for them.

An incisive analysis of the limitations of the 1981 Education Act, and in particular the way in which it is "entirely short-term, it reaches nowhere, and, of itself, it gives those who must operate it no idea of where it is intended to lead", presents a gloomy prognosis when viewed in the light of the outcomes of the 1944 Act.

Wilf Brennan presents the issues very clearly in a balanced and non-polemical manner and this book, if it gets into the hands of those with power to influence events, could go a long way toward providing the necessary perspective, direction and sense of priority to make his prognosis overly pessimistic.

Hastings, P. and Hayes, B. (1981) Encouraging Language Development. Croom Helm.

Reviewer: Sue Price, Area Speech Therapist,
Hampshire Area Health Authority.

This book provides an insight into the problems of children with delayed speech and language development. It fulfils the aims suggested in the title by indicating ways of encouraging normal development rather than providing an intervention programme for disordered language.

The first chapter puts emphasis on the importance of language and its effect on later learning. The authors, however, stress that the months leading up to the first words produced by the child are of immense importance, since it is these early months which provide the foundation for later language learning. Parents are often concerned about a child's talking, or lack of it, but talking is only a small part of language and other factors need to be considered. The basis for later language begins with the earliest mother/child interaction. The authors point out that gestures, moods, facial expression, body movement, tone of voice and shared interest, build up an understanding between the mother and child and thus pave the way for later speech and language development. Words aid the development of the thought process. As the child begins to internalise his thoughts he learns to compare experiences, rehearse actions and decide on strategies and in so doing controls his own behaviour. Attention is given to the developmental sequence involved in language learning, pointing out that there is obviously some variation from child to child. Normal language development needs to be considered before looking at what may be wrong.

When language fails to develop it could be for a number of reasons and early warning signs are mentioned. The authors do point out that it is not always necessary, or indeed helpful, to identify the reason for the problem. It is more valuable to look at how things may be improved. The difference between delayed and deviant language development is then described. When it is established that the child has a problem it is important that parents ensure that good foundations for language are available. They must think in terms of helping the child in maybe more indirect ways, for example, listening, playing and understanding, rather than to "teach him to talk". The inability to communicate adequately can bring behaviour problems but as language develops behaviour often improves.

The second chapter deals with the basic processes which have to be established before more direct speech and language help can be effective. The authors stress the importance of input rather than output, in other words the necessity to build up the child's understanding of language before expecting him to produce words and sentences. Practical ideas are given for each stage of development. Every activity attempted with the child should be seen as an opportunity for creating language situations. Attention control is seen as an important factor and ideas for increasing attention are given.

The way in which parents talk to children is discussed. Emphasis is put on the importance of talking at a level appropriate for the child. The idea of expanding and reinforcing utterances is explained. The important association between feeding and speech is discussed and activities for improving the co-ordination of the oro-facial musculature are suggested. The authors then go on to say that the child must see language as having purpose and to be rewarding. It involves the understanding of symbols, memory and imagination. Practical ideas for improving these areas are given. A check list covering all the points mentioned in this chapter is provided and having reached all these levels the child is well on the way to having built up the right foundations for further speech and language learning.

The third chapter examines the development of high level skills. Once the child is beginning to talk then there is a need to move on. Any verbal attempt by the child should be "reinforced" and the parent should "model" correct language for the child. Again emphasis is placed on verbal input and the child's understanding of language. Structures need to be understood before they will be used appropriately.

It is suggested that the child's language can be extended in several different ways, for example, by the use of forced alternatives or by expansion techniques. Verbal memory, sequencing, association, matching and grading are all important aspects of language development which must be considered. Once the groundwork for language has been established it is then and only then appropriate to consider the child's sound system. As the child learns to listen more discriminatively so his sound system develops. The authors give eight ideas for helping the child who is delayed in the development of his sound system. Mention is given to non-fluency in the young child. This stage of development can bring alarm to parents who may fear the onset of a stammer. Some thoughts on management at this stage are given.

In the final chapter the authors stress the need for parents to consult a 'professional', (i.e. a speech therapist) if they are in any way concerned about their child's ability to use speech and language. Significant signs, which can be taken as indicators that something may be wrong, are listed.

There is helpful advice regarding relevant personnel and services within both the Health and Social Services. Unfortunately, however, with the phasing out of the Area Health Authorities in April 1982 that piece of information will soon be out of date.

The book then goes on to provide specific information about the Speech Therapy Service, the School Psychological and Child and Family Guidance Service. Addresses of the various voluntary organisations related to the speech handicapped child are listed. There then follows a section on school provision and the school system which must be of great help to parents who may be unfamiliar with such matters. Finally, the last section of this chapter deals with the rights and powers of parents. This should not only be useful to parents but should act as a reminder to all those professionals working with children with special needs. In the final paragraph the authors reiterate what has been said previously that the main issue must be remediation rather than to search for a possible cause.

To summarise, this is a book that is long overdue since it deals with the subject in a clear, concise way, free from professional jargon, yet provides all the relevant basic information, together with sound practical advice. It would not only be of particular use to parents but also to all those who work with young children.

Hegarty, S. and Pocklington, K. with Lucas, D. (1981)
Educating Pupils with Special Needs in the Ordinary School.
NFER-Nelson.

Reviewer: Robin Jackson, Principal Lecturer,
King Alfred's College, Winchester.

This report, which is the outcome of a three year research project carried out by the NFER under sponsorship from the DES, examines a wide range of issues relating to the education of pupils with special needs in ordinary schools. The report which runs to over 550 pages is divided into eight parts: in Part One the authors examine the concept of integration and seek to disentangle the conceptual ambiguities surrounding it; Part Two presents the concept of integration in practical terms by outlining a model of educational provision whereby the different ways of meeting special needs can be described; Part Three focusses on the personnel involved in meeting special needs - teachers, classroom ancillaries and professionals from outside the school; Part Four turns to the practicalities of integration; Part Five deals with the curriculum; the social aspects of integration are taken up in Part Six; Part Seven examines parental attitudes towards integration; and the final part summarizes the main findings and notes implications for policy and practice.

The formal research brief was 'To examine in depth current provision for handicapped children in ordinary schools and to identify those factors which make for successful integration'. It had been intended to carry out with the aid of teams set up by the co-operating LEAs a comprehensive monitoring and assessment of the development of pupils in these schemes. However, the authors indicate that this did not prove feasible. It was therefore decided to concentrate attention on structural and organisational factors.

The authors make it clear that this is not a comparative study. In other words, it has not sought to measure the efficacy of integration programmes in any precise way or establish the relative superiority of integration or segregation. The authors describe their research as descriptive and qualitative in approach. What it sought to do was document a number of integration programmes in detail and analyze them along various dimensions relevant to practice. Seventeen integration programmes in 14 LEAs were selected. The number of pupils involved in a programme ranged from eight or ten in a small special class to 100 or more in a large special centre. The 17 programmes covered the following categories of pupil: ESN (6); physically handicapped (3); hearing impaired (3); visually impaired (1); communication disordered (3); and, developmentally delayed (1).

The main research technique used was interviewing, initially loosely structured but becoming more focussed as specific areas of concern and questions about them emerged. Interviews were held with teachers, ancillary staff, educational psychologists, etc. Information gathering was not confined to interviewing. In order to gain a wide range of opinions and perceptions a questionnaire was developed for main school teachers which sought information on the extent and nature of their contact with pupils with special needs, their attitudes toward them, etc.

The most important conclusion to emerge from this study is that integration is possible. Special educational needs can be met in the ordinary school and to a far greater extent than is currently the practice. The authors identify a number of factors which they believe significantly contribute to successful integration. These factors have been grouped under six broad headings: setting up integration programmes; staffing; practical considerations of accommodation, resources and cost; the content and nature of teaching; social considerations; and parents.

The publication of this report prompts a number of questions and related observations. First, to what extent do the report's findings significantly extend our existing knowledge and understanding? The reader might care to compare the report's conclusions with that section of the Warnock Report (DES, 1978) which describes "the conditions for the effective provision of special education in ordinary schools", (paras. 7.14 - 7.43). Second, why was the survey restricted to a descriptive account of the structural and organisational aspects of integration, given the authors' important acknowledgment that integration is a dynamic process? Third, why was no serious attempt made to obtain the opinions and perceptions of pupils? It will be recalled that part of the research brief was 'to identify those factors which make for successful integration'. Can 'success' be judged without any reference to the presumed principal beneficiaries? By a loose analogy, how meaningful would it be to assess the effectiveness or 'success' of a new penal policy by reference only to lawyers, police and prison officers? (A questionnaire study of pupils' attitudes was undertaken but it was carried out 'under the auspices' of the authors and not by the authors themselves. The study's findings, to which only brief reference is made, are contained in an unpublished memorandum. It should be further added that the questions directed to the pupils were in relation to a hypothetical and not real situation.)

Fourth, how were the 14 LEAs, which participated in the project, chosen? Was this a random sample taken from the total number of LEAs in England and Wales? Or were the LEAs selected on a different basis? If so, what were the relevant criteria in determining the choice? Or were the LEAs nominated by the DES, the project's sponsor, as ones in which 'good practice' could be observed? If so, then by definition, a rather unrepresentative sample was examined.

Fifth, what are the authors' grounds for believing that the mixture of descriptive and qualitative approaches pursued in this survey constitute a more effective way of securing valid and reliable data than an approach using more conventional quantitative methods? The fact that empirical and experimental research in education has yielded such poor returns - not least in special education - is not so much an indictment of the methods employed as those who have used them. The adoption in a large-scale educational research project of a single strategy (i.e. illuminative evaluation), which is so heavily reliant on impression both of the surveyors and those surveyed, must occasion some concern. It is certainly not easy to see how illuminative evaluation leads to greater enlightenment.

Sixth, was it necessary for the published report to have been quite so long and consequently so expensive (£14.95)? The authors seek to justify the length by pointing to the scope of the report and the 'multiplicity of audiences' to which it is addressed. Because of the report's length and cost, there is a risk that its contents will not be examined where they need to be examined and that is in those schools proposing, or currently engaged in developing, their own integration programmes.

Notwithstanding the reservations which have been expressed, this is a lucidly written, cogently argued and clearly presented report which will provide a timely and valuable stimulus to debate on the policy and practice of integration. At the same time it should also help diminish our excessive and uncritical reliance on the often dubiously relevant experiences of integration gained in North America and Scandinavia.

Reference

DES (1978) Special Educational Needs. London: HMSO.

Morgenstern, F. (1981) Teaching Plans for
Handicapped Children. Methuen.

Reviewer: Margaret Loveman, Headteacher,
Coldeast Hospital School, Southampton.

To deal with 'teaching plans' for all handicaps, from social deprivation to the most severe forms of physical and mental handicap, in one hundred and eighty two pages would at first suggest that only an overview suitable for those coming completely new to the field could be achieved. Dr. Morgenstern has succeeded in presenting a book which gives the reader the framework necessary to approach each handicapped child with a view to discovering his own special needs. The author does not offer a complete package which will result in instant success, but rather stimulates the reader to develop programmes which will allow the child to progress in an environment structured to his needs. It should be noted that those who are well conversant with the techniques of goal setting and task analysis may not find this book has a great deal to offer.

The book is divided into two main sections. The first section discusses and, in some measure, evaluates the theoretical aspects relating to learning difficulties. The author draws on a lifetime's background in handicap and gives well structured examples of work with a handicapped population varying in age from early childhood to adulthood.

One of the strengths which emerges from the book is Dr. Morgenstern's awareness of the necessity for systematic observation of the individual in order to ascertain the extent of their problems and the point of intervention. Emphasis is made throughout on early diagnosis and setting a framework which will enable learning processes to take place.

Attention is drawn to the difficulties all handicapped children and adults find in generalising experiences. The normal child is able to cope adequately with problems arising from discovering known objects or events occurring in incorrect places or sequences. This skill is often totally lacking in the handicapped child and the author draws the conclusion that they are unable to recognise an otherwise familiar event in the different environment. The sections dealing with 'output' and 'feedback' will be particularly helpful, especially to those parents whose anxiety, that their children should achieve as close to a pattern of normality as possible, is so acute that it leads them to forget that without parental help their children cannot learn the skills necessary to master the relevant processes. In such a situation, mutual frustration can occur.

The latter chapters are devoted to a straightforward explanation of the practical means available to the teacher or parent to structure, and direct, the theoretical aspects of learning discussed in the first part of this book. Dr. Morgenstern compares the aims of teaching the handicapped with those in general teaching. The two can be wedded since the general aims for both must in essence be the same. Children at any stage in their development must be enabled to make the most effective use of their skills. The effect of handicap must always be kept to a minimum. Teaching plans not only should be adapted to be most specific where obstacles to learning are encountered but should also provide for future development. Practical examples of management of particular handicaps are well documented and should provide parents and those working in the field with an insight not only into the methods available to them but the ways in which to implement them. I like the way in which the author puts forward his views, in terms of his own experiences, without implying that this is the only possible approach. He allows the reader to draw his own conclusions and to inspect in detail his own approach when dealing with the learning difficulties of the handicapped.

I would recommend the book not only to those who are new to the field of handicap but also to those with a few years experience. In setting out to give such a comprehensive approach to so wide a subject Dr. Morgenstern has dealt well with the basic idea of trying to find ways to mitigate the effects of handicap on development. The book will also provide stimulating reading for those in mainstream education who do not necessarily realise the extent of 'special needs' in the population.

Satterly, D. (1981) Assessment in Schools.
Basil Blackwell.

Reviewer: Geoff Hughes, Senior Lecturer,
King Alfred's College, Winchester.

Despite the absence of the word 'special' in the title, this is a book which can safely be recommended to all teachers in special schools. Dr. David Satterly provides an up-to-date treatment of the topic of assessment which will provoke teachers to examine their own practice and that of their colleagues. As would be expected from an author who is a member of the Advanced Studies Division of the School of Education of the University of Bristol, this is a book which goes beyond the kind of treatment provided by an introductory text.

That generation of teachers who were brought up on Stephen Jackson's excellent primer A Teacher's Guide to Tests and Testing will find that this book provides a more penetrating treatment of many of the topics that are introduced in Jackson's text. If the reader simply needs a list of test publishers, or a brief description of tests, then he should turn to Jackson's book. Assessment in Schools, to quote from the author's first chapter:

> " ... will concentrate on the assessment of the cognitive characteristics of children whilst maintaining a critical stance with regard to the methods and instruments employed. Not only is it important for teachers to be aware of the strengths and weaknesses in their own practice but also to be able to detect the defects as well as the potential usefulness in the tests devised by others which they may be called upon increasingly to administer and interpret."

Any teacher who conscientiously reads this book will be better prepared:

- to explain to parents the reasons for adopting certain test procedures;

- to devise their own testing procedures or programme of assessment;
- to enter into a meaningful dialogue with an educational psychologist; and
- to understand the small print and the statistics of a typical test manual.

With respect to this last topic, Dr. Satterly achieves the near impossible task of retaining statistical integrity without frightening off the reader who is mathematically unsophisticated. The Appendix to Chapter 10, where a treatment of the Rasch Analysis is given, will be skipped by many readers. However, the treatment of the work of the APU which is contained in the main body of this chapter is a model of clarity.

Students who study this book as prescribed reading will welcome the way in which each chapter is carefully introduced and later rounded off with a clear summary which also points the way forward to the chapter which follows. Members of English Departments may perhaps be concerned about the author's frequent use of the exclamation mark. However, once one recognises that this is the author's way of drawing attention to a particular statement or interpretation, then this can be seen as a useful device whereby the reader is alerted to have his wits about him lest the importance of what has just been written is glossed over.

The text is supplemented by precisely drawn figures and well spaced tables, additionally there is a Guide to Further Reading, an extensive series of references, a statistical appendix and a glossary; all of which will be of use to teacher or scholar alike.

Dr. Satterly has written an excellent book which provides an up-to-date treatment of a most important topic. It is a book which should be on the shelf of every staff room. However, it has so much to offer that many teachers and students will want their own copy. Lecturers will find it invaluable for updating their notes and the busy psychologist will find much of value to ponder upon.

Shearer, A. (1981) Disability: whose Handicap?
Basil Blackwell.

Reviewer: Winifred Curzon (formerly H.M.I.).

This book was a bright contribution in the sombre International Year of Disabled People. Where in that year was there major public debate about attitudes to disability? Where were there clear statements that people living with disabilities needed to be seen and acknowledged as individuals sharing ordinary patterns of living in normal society? The questions are asked and answered in this book. Written in the author's flowing style, it is remarkably easy to read. Few readers will remain unmoved by the individual experiences with which she supports her arguments.

The book is as much concerned with the human condition as it is with disability and its message, frequently repeated, is clear. We are all handicapped to a degree: disability is the accepted condition. However the handicapping is the man-made element, the encircling lines within which disability is intended to fit and flourish are drawn by us. The attack is vigorous, often emotionally charged but constantly upending the traditional division - the 'them' and 'us' estrangement - created by us.

In the early sixties when enthusiasm for action was aiming to transform theory into practice, the youthful Ann Shearer was the passionate defender of the least able in society. She often, too often for comfort I remember, succeeded in rattling the Establishment when its cautious approach hampered effective change. There has been no shift in stance. Grown in experience, Ann Shearer offers not a thesis, not a study, but a sturdy direct challenge to society to accept the "mix of abilities and disabilities" that go to make up the human race and by so doing she seeks to encourage society to identify itself with the disabled, by feeling "*with* them rather than *for* them."

While few administrators, law makers, and other caring professionals are themselves 'disabled', nevertheless they are the ones who set the limits by creating an environment which so often inhibits the natural energies and initiative of people with disabilities. Ann Shearer, in the first part of her book, partly solves this problem by letting people speak for themselves. It is not obvious how selective her quotations are, but certainly they echo common experience and highlight where the barriers are sharply defined. Ann Shearer herself is well aware of the small step to the philosophy that "because everyone is disabled then no one is". Professional help is perhaps needed a good deal more than it is given. But how is it given? Who decides? If we accept the principle that people with disabilities should speak for themselves, then the newly appointed Council of Organisations of Disabled People set up in Britain in November 1981 falls far short of this ideal. In Sweden it is the blind who speak for the blind because it was found that the professionals who were appointed to represent their interests were themselves 'blind' to the real needs and aspirations of those they represented.

The second part of the book carries the message forward, highlighting the problems and offering solutions in the areas of housing, education, work and politics.

An open minded study of national models can offer new ways of practice. While the author notes that in some areas (e.g. the education of physically handicapped), what is in this country regarded as 'experimental' is the 'norm' abroad. Nevertheless we do have our own centres of excellence in research and in practice (Hester Adrian Research Centre, University of Manchester). The normalisation principle as it is applied in Denmark and the special agency projects and Federal legislation in relation to the education of the handicapped in the U.S.A. are examined. However, whilst patterns of provision are often too different from our own to lead to effective adaptation, there are certain features worth noting. For example, the harder line, often used in America, where public funding is tied to specific programmes, does appear to offer greater assurance that standards are met and quality achieved.

Different disabilities will continue to demand a degree of special attention and educationalists will still need to extend their skills. The proliferation of 'special' schools and units is over and we now accept a break away from segregated schooling. Until society can accept that there is a continuum of ability and can erase the notion of differentness implicit in such concepts as 'disability' and 'normality', there will continue to be heated debate about integration. Although the National Foundation for Educational Research's recent study (Hegarty and Pocklington, 1981) confirms the author's strong argument for integrated education, the dangers are carefully set out. Both the Warnock Committee and the National Council for Special Education are supported in the conditions they identified as essential for successful integration. Well before the publication of the Warnock Report a variety of integrated systems operated in several areas in England. Where teachers welcomed it, where pupil-teacher ratios were suitably adjusted, the necessary equipment and facilities adequately provided, integration worked. Where the cost-conscious LEA's urged integration as a cheaper sell, the child and the system were harmed. The author is lightly dismissive of the Warnock Report and of the 1981 Education Act. In pressing hard for fully integrated education is she quite sure that children with special difficulties will receive "neither more nor less" than ordinary children? Will their rights to special treatment not perhaps be denied?

In an ever changing world, keeping pace means constant reassessment. Material change will always be ahead of moral change and old assumptions will die slowly. It took more than 20 years to pass the Education Act (Handicapped Children) 1971. Its passing was more as a result of public pressure than a belief that all children can benefit from education and that children with special learning difficulties need more not less education. There can be no disputing the fact that alienation in a segregated system must damage moral values and the quality of life. Ann Shearer firmly reminds us that we fail as a nation if we do not offer children " ... a perspective in which to live with the quota of abilities and inabilities that is their own - a perspective that is based on tolerance of difference rather than its rejection".

In all areas of living Ann Shearer powerfully argues the case for a flexible and sensitive complex of services but services which grow out of an understanding of individual need. Throughout the Western World there are established systems offering a wide range of options with schools and units, homes and hostels, sheltered workshops and training units. The stage by stage progression from one form of provision to another is the complacent solution adopted in so many countries. For people with varying degrees of disability, for the elderly infirm and for those who are mentally retarded the progression ends inevitably in a residential institution, which is no home at all. Success will depend not primarily on the spread of options, but upon help which is tailored to the person in a recognised 'normal' setting. The cycle of expectation is deplorably low, with professional workers so often caring but lacking in understanding. Link these two factors and devastating misery is the result. The author asks for the level of expectation to be raised and for true partnership and togetherness between the professionals and those with disabilities. In this way some of the artificially created handicaps will fall away. The Alternative Living Movement developed in America and the self-help organisations growing in Britain are objectively traced by the author. A disabled person is quoted as saying "... what is so special about the desire for an ordinary house in an ordinary street... ... a place to which we can come home and feel welcome." For many years there have been brave attempts "to empty" the hospitals for persons with mental handicap. The Mental Health (Amendment) Bill 1981 may just be sufficiently enlightened to bring such people into the ordinary world at last.

Whatever the Utopian theories about the role of work in a future leisure-oriented, automated world, most people will want to work. But even at the present time individuals with disabilities have to abandon aspirations and settle for lowly levels of work. This is not because they cannot work and work well, but because society holds low expectations and entrenched attitudes which result in their receiving an inadequate preparation. As employers become even more discriminating, less work will be available to people with disabilities. In other spheres such discrimination would cause a considerable outcry.

Ann Shearer argues strongly for a restructuring of financial schemes for the disabled, claiming the complex maze of subsidies and pensions now available presumes a perception of the 'value' of a person.

It is recognized that employment for all ability levels is now at risk. In the current economic climate some of the recommendations made might seem divorced from reality. Ann Shearer admits that in these 'hard nosed days' it will need a substantial shift in attitude to recognise that there is more to giving help than can be measured in terms of productivity and profit. Just as there are major problems in identifying 'the skilled', it is equally difficult to measure such abstract notions as sensitivity, the need for uplift, happiness and fun. It maybe that by pressing to the limit the argument for equal rights, as against rights as such, too much will be asked of this shaky society whatever " ... the thread of experience that binds us all into a common humanity". However, the expansion of this theme calls for Ann Shearer's next book.

The book probes every crevice of disability. It is a fair and well informed investigation. It is engaging to read a provoking book, which engenders rising excitement as, in a flurry and rush of words, the barriers are knocked down and the boundaries widened to let everybody in. Whether everybody wants, or is able, to come in is the telling question. Reference to the attitudes of disabled people to their peers is surprisingly understated. It is important, since the beliefs, assumptions and perceptions among all people are reflected in these attitudes. The author seems to measure the needs of the people with mental retardation alongside, rather than as part of, general disability. Perhaps this only seems to be so as mental retardation holds her special interest (as it does the reviewer).

A tidy summary is not possible with this book. There can be no simple solutions, whether in terms of package deals, Government subsidies, legislation, training, special aids, even integration (which can spell isolation). The intention of the book surely is not to put forward revolutionary ideas, there are none anyway in dealings with the head and heart. There are grounds for optimism: witness Sheffield's recent planning of services for the mentally retarded, also the tentative use of the term 'impairment' rather than 'subnormality'.

This book will provide the basis for hours of debate; everyone must read it, if only to understand that " ... people who abandon people, abandon themselves".

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Reference

Hegarty, S. and Pocklington, K. with Lucas, D. (1981). Educating Pupils with Special Needs in the Ordinary School. NFER-Nelson.

Stott, D.H. (1982) Helping the Maladjusted Child.
Open University Press.

Reviewer: Leslie Lawrence, Headteacher, Downlands School, Devizes.

Denis Stott has produced many research papers and books dealing with learning difficulties, deviant behaviour and delinquency. With many of my colleagues I have used his Bristol Social Adjustment Guide and years ago I was introduced to his book on 'Delinquency and Human Nature'. When dealing every day with the problem of reading retardation, in a special school, it seemed natural for me to turn to the Stott Programmed Reading Kit.

Those who deal with the maladjusted are faced with such a dearth of objective writing based on practical experience, that we welcome anything Denis Stott has to say. In 'Helping the Maladjusted Child' Stott sets out to destroy a few myths about the causes of maladjustment, and to discuss the effect the problem has on the child, the family and the school. He briefly discusses the trauma of school phobia, and offers a few practical suggestions without going into too many details. In fact the 'help' he offers is mostly in the form of understanding the problem we all have to face.

An introduction to the series claims that this book has been written for interested professions and for parents. Many authors have found it difficult to cover such a spread of interests and understanding, and although Stott's use of language is uncomplicated, I think he has found the same problem. In any case those parents who could be helped by the book will probably not have the opportunity of reading it.

Stott suggests that it is impossible to define maladjustment without first describing what it is not. Children who seek to control their parents by temper tantrums, feeding problems and feigned helplessness are not necessarily maladjusted. Neither, says Stott are those children whose behaviour runs contrary to that normally expected in the family. Those, for example, whose forms of speech, clothing and life style appear deliberately to set themselves against their parents. The fact that they do not conform, and the fact that their behaviour is inconvenient and troublesome does not, for those reasons alone, make them maladjusted.

In this book Stott coins the phrase, "acting against their own best interests", as his definition of the maladjusted. He supports this with case-histories to illustrate how the children he describes adopt attitudes or forms of behaviour which, in the end, harm themselves more than they harm others. Their continued troublesome and anti-social behaviour invites rejection and they therefore deprive themselves of their basic need for adult affection and care.

It is the quality of this affection and care that is central to Stott's thesis. He rejects the theory that it is the early separation of child and mother, and the subsequent effect on the quality of affection received, which produces the maladjustment. In Stott's view it is the lack of the constant attention, care and reliability of a secure mother figure which causes the problem. Not, as many would propose, the absence of a warm, cuddly, comforting mother, in the child's formative years. As he says:

> "In the Puritan culture of Scotland children would - at any rate in my generation - have grown up without ever having had a kiss or any other open demonstration of love from their parents. But because they were reared in stable families and had complete confidence in their parents, they grew up as emotionally stable people."

When children have not enjoyed the loving care of a mother figure for any considerable period of their lives, by the time they reach their teens they are, Stott thinks, either in a state of Withdrawal, Hostility or Avoidance. They shy away from attachments because they are afraid of being abandoned once again. Indeed their attitude reaches a state of paranoia where they see the whole world as antagonistic, and tend to feel safe only in the company of animals or of the physically handicapped. The Hostile child is reacting to his own fear of adult rejection. As a result he finds the constant apprehension intolerable and behaves in a way calculated to bring separation about.

In my own school some years ago we admitted a boy of eleven who had 'been through' ten establishments. This boy's behaviour became intolerable, and improved only when we set out to let him know that we were not going to reject him out of hand. Stott uses the word Avoidance to describe the action of those children who have a compulsion to seek all sorts of exciting and consciousness filling diversions. They create excitement as a means of forgetting some unhappy and traumatic incidents previously experienced.

Children "acting against their own best interests" are often sullen, unco-operative and unfriendly. They flout school rules to show how much they reject society and those who conform to its demands. Stott appreciates the anxiety of staff who deal with these children, and he does so in a way which suggests he too has been through the experience. He understands that staff are put in a quandary, since they feel that continued disobedience without retribution undermines their authority. In urging caution, and arguing for a calm, detached approach to the child Stott suggests that these fears are groundless. "Children", he says, "only imitate those who are popular and whom they respect". The inference being that so much chaos and disruption is caused by the maladjusted child that even the peer group rejects him.

While proposing the lack of a consistent, reliable mother figure as one cause of maladjustment, Stott puts forward certain environmental conditions as another. Surely much of his early work on delinquency and social structure has influenced his thinking when he finds a higher incidence of maladjustment in the less affluent section of the community. Living in large urban areas, Stott believes, makes children vulnerable to maladjustment. Not that maladjustment is a direct result of inferior living conditions, or working class methods of child rearing, but of stressful marital and neighbourly relationships resulting from them. These children, he thinks "are damaged prenatally by the interpersonal tensions generated by poverty and overcrowding".

Are working class children really more vulnerable to maladjustment than those children from the professional and managerial classes?

Is it not possible that the 'interpersonal relationships' generated by the financial and social pressures on the not-so-poor, are just as harmful and damaging as those of the socially disadvantaged? Children living in overcrowded urban areas may be more obvious and are probably more often referred, but this cannot be the only basis for the theory of a higher incidence of maladjustment.

I am not convinced, however, that children of working class parents are more susceptible to behaviour disorders than those of a higher social class. The behaviour of certain individual urban children is not necessarily more "against their own best interests", than is the behaviour of socially advantaged children. There is a danger that Stott sees too clear a division between the (good) close-knit village family community, and the (bad) overcrowded urban "conglomerations of leaderless, powerless people who get on each other's nerves."

Stott suggests a number of remedies to be used by society in general and by those who come into daily contact with the maladjusted. He sees widespread maladjustment, vandalism and delinquency as indices of social disintegration, which have to be tackled through education, and through practical community projects linked to the needs of that community.

Education in family relationships will also be important, so that parents act through understanding and knowledge rather than blind instinct which, itself is often a reaction to their own upbringing. An ordered daily routine should be part of any treatment programme because "regular duties and responsibilities also act as a preparation" for life and future employment.

I am pleased to read that Stott sees dangers in a philosophy of permissiveness, in that this may actually give children false expectations of the world waiting for them. "In short", he says, "it is not discipline, but indulgence which presents a threat to the existence of the family and the future happiness of the children."

'Helping the Maladjusted Child' is an Open University Press book in their 'Children With Special Needs' series. It will make an excellent study book for those students and teachers who wish to know more about the problems of the maladjusted child. Without detracting in any way from the value of the book, I find the title slightly misleading, or perhaps I have expected too much. It is a very valuable addition to our knowledge of the developing pattern of deviant behaviour, but I think a more realistic title would be 'Helping to Understand the Maladjusted Child'.

Swann, W. (Ed.)(1981) The Practice of Special Education. Basil Blackwell.

Reviewer: Mary Hope, Tutor, Cambridge Institute of Education.

This is an interesting, and in parts stimulating, collection of papers. I certainly feel I have benefited from reading it, despite criticisms of some sections and disagreement with some points of argument. The title might be slightly misleading. The book does not provide a comprehensive or impartial overview of what goes on in special education or the way in which it has developed. I would not, for instance, recommend it to anyone unfamiliar with our system of special education as an introduction to the field. Its coverage of some areas is sketchy or idiosyncratic and this could be confusing for the uninitiated. However, as a note inside the cover makes clear, the selection of papers in this reader is part of the integrated teaching system of the Open University's Special Needs in Education course and therefore related to other material provided for the students. One hopes that when the course booklets are available, they will supply a context and a background of information about the practice of special education against which the arguments in these papers can be viewed.

For readers who are already well acquainted with special education the book offers many challenges to fresh thought, reminders of aspects that are too readily forgotten and points of which one may have been unaware. It is interesting, for instance, to find a contribution, albeit a brief one, about the provision for handicapped children in Northern Ireland, an area excluded from consideration in many publications on special education. It is also valuable to be asked to look, as in the paper called Demystifying Integration, at the extent to which figures for admission to special schools confirm or reject the widespread impression that there is a strongly increasing trend towards keeping handicapped children in mainstream schools.

The papers in the book have mostly been written within the past two or three years, although it contains a mixture of specially commissioned and reprinted material ranging in date from 1970 to 1981. The first section, on Handicap: The Individual and the Environment, opens with a chapter on the coping abilities of visually handicapped children in the ordinary school which, although not profound in its analysis, offers some useful guidelines about the selection of children for integration. There is a consideration of mild mental retardation from a social systems perspective which may provide some teachers with a fresh way of looking at the process of identification and categorisation. Another contributor copes as well as one can reasonably expect with the difficult task of giving an indication of the incidence and prevalence of physical handicaps and factors associated with them in brief and simple terms. I felt that perhaps the editor could be accused of devoting a disproportionate amount of attention to lead pollution by giving it a prominent place in the opening section where other possible sources of damage receive only brief mention. However, it is an important topical issue and the two extracts from reports provide an interesting example of contrary interpretations of statistical studies. The last paper in this section considers the way in which much previous research has tended to be one-sided, looking for the causes of later handicap and deviancy either in complications of a biological nature, particularly during pregnancy and delivery, or in the environmental conditions of early childhood, such as those created by childrearing practices. The transactional model described at the end is a more fruitful one for educators.

For me the book's second section, on The History of Special Education, is perhaps the least satisfying. Interesting points are raised in it, particularly in the chapter on the category of maladjustment (though I smiled at the idea of special school staff traditionally trained in psychodynamic psychologies - when I first taught maladjusted pupils, one was lucky if the staff had any special training at all!). However, as the section contains only three short contributions, it is inevitable that many important issues are treated superficially and it left me with a troublesome sense of incompleteness.

The third section, on *The Practice of Special Education*, also only presents parts of the picture. The contributions concern handicapped children in the ordinary primary school, a resource area for visually handicapped children, physically handicapped pupils in secondary schools, remedial education, a programme of intermediate treatment and handicapped school leavers. The quality of these papers varies. Some can be rather tedious in their manner of reporting survey results. The chapter on school leavers covers some fairly well-trodden ground and for anyone familiar with surveys carried out on this topic twenty years ago it provides a depressing reminder of how slow improvement has been. However, all of these chapters raise interesting issues. Despite some gaps or flaws in its arguments, I found the one on remedial education particularly stimulating and its suggestions well worthy of discussion. The most notable omission from the section, however, is any indication of the nature of life in special schools for E.S.N. children, which have after all been catering for the largest category of handicapped pupils and in fact continue to do so despite the move away from categorisation. Doubtless the additional material in the O.U. course will remedy this but it is only fair to warn the uninitiated that they will derive a distorted view of the current practice of special education if they do not take this omission into account.

The fourth section, which is called *Parents, Children and Professionals*, opens with an interesting and challenging paper about the power structure involved in the relationship between parents and professionals. Though it puts forward its message forthrightly, it is balanced in tone. While arguing for a strengthening of the parental side of the relationship, it does not romanticize parents or fail to acknowledge the potential value of professional intervention. Two other papers mainly cover ground only too familiar to those who have had much contact with parents of handicapped children, namely the process of diagnosis and labelling and the difficulties and confusions of multi-professional assessments. I was also glad to see extracts from a valuable, and by some authorities under-valued, source, the Court Report. Though published in 1976, this report of the Committee on Child Health Services is still by no means outdated in many of its recommendations.

Part five, entitled Power and Policy in Special Education, provides us with useful information on current trends in the United Kingdom (including Northern Ireland) and in the United States. Anyone who is inclined to accept the 1981 Education Act uncritically would do well to study this section carefully. Again the quality of writing and research varies among the different papers in the section but it ends with a very useful contribution, a description of the different strategies adopted in three school districts of Massachusetts to cope with the huge burdens imposed by the new state law requiring detailed individualised assessment and treatment of all handicapped children. This provides us with a timely warning that legislative requirements cannot satisfactorily bring about changes without the necessary resources.

The book leaves us with a brief but thought-provoking section on Research, Theory and Practice. This concluding part contains an excellent paper on the relationship between psychological research and special educational practice and an account of some interesting examples of co-operation between researchers and teachers, drawn from the field of hearing impairment but illustrative of the kind of approach that can be profitable in other fields. It ends with a challenging paper about aspects of the curriculum for handicapped pupils and methods of fostering communication and the skills of everyday life.

Altogether this book is well worth reading. Few readers will agree with the arguments of all its contributors. Many will find their own particular interests over-simplified or inadequately represented. Some will be able to cite papers that they would have preferred to see included at the expense of the less distinguished chapters that have found a place. Nevertheless, it would be hard for anyone concerned with special education to read it without discovering any fresh insights, information or challenges. I expect to find it especially useful as a source of discussion material with in-service special education students, a use which is doubtless very similar to the one for which it was principally intended.

Tomlinson, S. (1981) Educational Subnormality:
A Study in Decision-Making.
Routledge & Kegan Paul.

Reviewer: Jack Wright, formerly Principal Educational
Psychologist, Hampshire LEA.

This is a study of the ways in which children were ascertained as ESNM in a Midlands city in the mid-seventies. Forty children who had been ascertained at that time formed the basis for the enquiry. The headteachers who had referred them were interviewed as were the educational psychologists, school medical officers, psychiatrists, social workers and remedial teachers who had been involved in the process. The parents of the children were also interviewed.

The book begins with a historical review of concepts and practices, proceeds to a description of the methods used, gives an account of the decision-making process and examines the perceptions of the various people involved. The author also looks at the ways in which the staff of the ESNM schools viewed their functions and the ways in which the children came to them. The problem of West Indian and Asian children in ESNM schools is also discussed.

In looking at the process of decision-making in special education the author takes a particular sociological perspective which leads to a somewhat selective and subjective analysis. This book then presents a sociological view on the concept of educational subnormality. Is it a useful book for teachers to study? In many ways it is an impressive and scholarly book with a wealth of fascinating data and a formidable bibliography with several hundred references. Yet I view with some scepticism the major arguments of the author and impressive though all the references are, I suspect that they may function more as prestige suggestions than providing convincing arguments to support her thesis.

Sally Tomlinson argues that the concept of educational subnormality is in the minds of the professional observers and is not a reality, just as it may be argued that beauty is in the eye of the beholder. Teachers who have worked for years patiently educating those who are slow to learn will find this hard to accept. However, they may be consoled by appreciating that this view of educational subnormality is in the mind of the author. This consideration may tempt a student to reject the book altogether but this would be a pity as it provides interesting data to discuss. It is the selection of material and the slanted interpretation with which I am in disagreement. Psychologists used to debate the implications of Kantian philosophy and other philosophies which took an idealist standpoint fifty years ago. Following the idealist argument to its logical conclusion led some philosophers (solipsists) to believe that the self is the only object of real knowledge. As this is clearly absurd, it has to be accepted that we really do perceive objects but that different people have different perceptions of them. A relatively true picture can be achieved through the use of scientific methods to check hypotheses and to replicate investigations. The views most likely to be true are those that cohere and make best sense of the data we observe. If we accept this approach then educational subnormality may not after all be a myth and we can examine Sally Tomlinson's perceptions with interest.

The introduction, which presents the theoretical considerations behind the sociological approach, is the most difficult part of the book to read, unless the reader has made some previous study of philosophy and sociology. A contrast is drawn between 'professional' and 'sociological' accounts of educational subnormality, and in so doing the author provides an example of one of the weaknesses of the sociological viewpoint - an assumption that some kind of group mind exists that acts rather like an individual:

> "It was suggested in the Introduction to this study that there is a relationship between professional decisions made from a dominant power position and the placement of children in special education, which reproduces them within the lower positions in the class structure."

Obviously each professional has his own perceptions culled from his own training and from his life experiences. It seems to me curious to contrast 'professional' with 'sociological'. There would be more relevance in contrasting 'sociological' with 'psychological' and examining the kind of research evidence and scientific methodology that such a contrast would provide.

The concept of educational subnormality receives support from numerous national surveys of educational attainment such as those carried out on reading by the DES and NFER. These have shown that reading attainment varies enormously and that at age 10 some children match the attainment levels of 5 and 6 year olds, whilst others match the levels of school leavers and average adults. Those with reading levels similar to average infant school pupils are clearly below (sub) the average (normal). That's to say, they are educationally subnormal. Moreover, they are sufficiently below normal to require a different (i.e. special) approach. They need help in mastering basic reading skills which most others mastered years before. Clearly they have special educational needs. Recent studies of mathematical attainment show similar variations (e.g. Cockroft Report). These are not myths created by the opinion of professionals, they are hard data about children's achievements. There is little difficulty in identifying children who are subnormal in various subjects of the curriculum. When careful observations are made of other characteristics of this group of children with learning difficulties a mixed picture emerges: some have behaviour problems, some have physical disabilities; some seem to be backward in all subjects; some have middle class homes; some have working class homes; some have inadequate homes; and so on. These concomitant aspects need to be considered when planning provision and indeed when recommending placement. They are, however, concomitant conditions, they are not alternative ways of using the term educational subnormality.

Sally Tomlinson concludes that the professionals she studied and whose judgements resulted in placement in special schools, used different criteria in allocating children. Their judgements were influenced by their beliefs about the behavioural, family and class characteristics of the children, their concern about their own status and power and their perceptions about the inadequacies of different social and racial groups. The author maintains that ideological clashes occur and that intra-professional conflict takes precedence over team-work. The recent NCSE conference report Partnership in Special Education (1981) presents a much more encouraging view of team-work. The author further claims that ESNM education can be considered not only as a non-education (because examinations are not involved) but as a form of social control for troublesome working class children. This permits the normal educational system to work smoothly and enables a social group to be maintained which will undertake the low status jobs in society and which will not compete for jobs of higher status. To the author, working class parents are coerced in various ways to co-operate in a placement which results in a 'non education' for their children.

How justified are these suggestions? Sally Tomlinson hopes her account will "open up new ways of thinking about social processes and social categorisation". This was the aim of the study. Apart from methodological and philosophical considerations to which reference has already been made, there are some points of omission that are significant in weighing up the arguments. Apart from lack of reference to objective data about the children and their individual differences, there is a failure to take into account the scientific evidence about abilities and their measurement. Only selected comments about the so-called politics of IQ and the misuse of the concept of IQ are given emphasis. This is rather like discrediting physics because some people use the knowledge to make weapons of war. The impression is given that the development of mental testing and IQ was used to control the working class and deny them opportunities. In the pioneer days in the use of psychological tests for selection, Godfrey Thomson wrote: "These psychological tests favour the gifted boy with poor advantages rather than the rich boy with gifted tutors, and are therefore essentially a democratic method of selection". There is a vast field of research in the psychology of individual differences which needs to be taken into account.

A minor omission - but an important one - is the failure to point out that in the private sector there are boarding schools for the ESNM.

Although middle class parents have relatively few ESNM children, such children certainly do exist. Attainment is not just a matter of abilities. Children from families in which there is little encouragement to develop are likely to need help. This is not necessarily a matter of class, it is a matter of parental attitudes and interest.

A further omission relates to the cost of educating an ESNM child. This is about twice that of children in ordinary schools. Up to the raising of the school-leaving age in 1972 the cost was even higher as ESNM children stayed on for an extra year. Had there been any truth in Sally Tomlinson's view that the ruling classes had instituted special schools to control the working classes then one might have expected such schools to have been developed more rapidly and more willingly. However, it was in LEAs that cared about children and their needs where the most rapid growth occurred. These observations would seem to support the humanistic view about development rather than the author's negative controlling one.

Sally Tomlinson also appears to misunderstand the role of ESNM schools. The view is expressed that such schools are by and large concerned to prepare their pupils for routine work with a particular emphasis placed on the need for punctuality and docility. To support this view the work of Jerrold and Fox (1968 and 1971) in Portsmouth is cited. As it happens, it was my responsibility to prepare the report for the Portsmouth Education Committee that led to the agreement to develop an end-on course for ESNM school-leavers. The report made no reference to ESN school work but described a pioneer project which was designed to help a small group of pupils likely to fail in open employment because of personality problems rather than low attainment. The project sprang from information provided by careers officers that some ESNM pupils were not holding down jobs because they needed training in simple adjustment skills that other leavers had no need to learn. In other words, it was the kind of project for school-leavers that the Warnock Report, over a decade later, recommended should be made more widely available.

The author's comments on the Warnock Report are interesting in that they show once again a rather prejudiced view about special education:

> "ESN education can be considered as a form of social control for troublesome children. The wider categories suggested to combine and replace these - the child with learning difficulties will in fact encompass more working class (and black) children."

The Warnock Report, of course, suggested that some 20% of children need help and Circular 8/81 that followed the 1981 Education Act stresses that authorities will be required to find out those with special needs and plan for them, (i.e. the 20% not just the 2% who may go to special schools). This extension is seen by the author as legitimising the process of "defining more children as troublesome in learning and behavioural terms and seeking ways of ridding the schools of the children in some form of special education". As one of the main emphases in the Warnock Report and the 1981 Education Act is to ask schools to try to help children within their own school environments, this is a puzzling view. Those of us who have been concerned for many years that not enough was done to help children with learning difficulties have welcomed this extension.

Sally Tomlinson has indeed suggested some new ways of thinking about social processes and social categorisation. Whether these have any real relevance to children and can help in their development is very doubtful. The observations made about the perceptions of various professionals may well be helpful in considering in-service training for those who will be involved in implementing the 1981 Education Act. It would, however, have been better had so much careful study and effort been directed to a more open-minded enquiry.

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Tomlinson, S. (1982) A Sociology of Special Education.
Routledge & Kegan Paul.

Reviewer: Margaret Paull, Senior Lecturer, King Alfred's College, Winchester.

The purpose of this book is to widen debate about special education by introducing sociological perspectives. These perspectives relate to social structures and relationships within special education which are viewed in terms of conflict (between individuals and groups), and in terms of the beliefs and ideologies which, according to the author, are used to justify such actions and relationships. The account is more in the nature of a social commentary than anything else, and as such it tends to lack the impact it might have made with a more rigorous and searching attempt to substantiate the arguments contained in the text.

The book adopts a descriptive pattern, dealing with various aspects of special education, and using these as a basis for the sociological perspective. The first chapter sets the sociological scene, not quite clearly enough for those readers who may be unfamiliar with sociology as a subject, and this is followed by chapters dealing with historical aspects of special education; selection procedures; professional personnel involved in selection; the position of parents, pupils and teachers; curriculum; and ethnic minority children. The final chapter, a very brief one, discusses the possible future of special education.

My first reaction is that the message contained within the book is an important one. We should indeed examine the deeply rooted attitudes and prejudices, and recognize them for what they are - the rationalizations and platitudes which all too often accompany the justification of an existing special education system. I would, however, disagree with the pessimistic nature of the book - the generally negative account of the roles of all the professionals, and the prediction that a new tripartite education system is the likely outcome, involving independent, comprehensive and special education, with special education being the coercive one. An alternative, more optimistic, and not necessarily unrealistic possibility is not discussed, and that is for all education to become special, in its most positive sense. Such a position merits some attention, and had it been considered, there might have been more scope for dealing with the seeming contradiction of what is termed the egalitarian concept of integration and the authoritarian, control-based concept of special education.

Throughout the book, there is a tendency to sacrifice clarity for brevity, and at times the reader gains an impression of being rushed through the text. Whether or not due to constraints of time, space, or other demands, this is a pity, because many of the issues raised deserved more attention than was accorded them. Unfortunately, this also raised doubts at times about the validity and accuracy of some of the statements made. A single example is the rather misleading way in which the contribution of Sweden and the U.S.A. to the integration of all handicapped children is described. The U.S.A. is cited as the place where 'egalitarian distaste for segregating children was taken most seriously.' (p.76). This is not my experience, although no-one would deny that the U.S.A. probably made the most noise about it. However, as I read on, I began to wonder about some of the sources of information, and with the rather brief account of much of it, I became less impressed by the arguments put forward in support of other aspects, about which I may know less. I suspect that other readers, better informed in their various fields, may well be led to similar conclusions. This avoidance of critical examination or analysis of relevant studies is maintained when one body of research is summarily dismissed as a psychologist dominated appraisal, which constricts and makes more difficult the task of making sense of the processes and issues in special education. Whilst, as the author rightly points out, no social research is value free, the many attempts at quasi-experimental research are well deserving of critical scrutiny. Since this research is not dealt with, the book suffers accordingly, and appears tinged with the rhetoric so frequently ascribed to others.

There is, on the whole, a refreshing absence of jargon, although words like 'legitimator' crop up frequently, and irritate at times. Perhaps the major criticism of the book is its failure to develop the arguments convincingly and clearly, and there are also some apparent contradictions. For example, not surprisingly, considerable attention is given to the power of the teachers and the use of controlling or behaviour-shaping techniques. However, instances are also given of palpable lack of control on the part of teachers, who apparently then absolve themselves of responsibility for 'bad' behaviour. I would have liked these themes to have been developed and analysed much more fully, from a sociological perspective.

On the positive side, I do like the author's call for accountability; the need to make teachers more aware of the historical roots of special education, and to give them an analytical appraisal of its development; and the plea for less humbug over parental involvement and children's feelings.

The author devotes a chapter to the position of the West Indian community with their disproportionately large numbers in ESNM schools. But again, the thread of the argument with regard to the role of social class and cultural factors in educational assessment is not clear, nor is there any suggestion as to what should, or might be done about such over-placement.

The book, then, leaves a reader who may not be a novice in the field of education - normal or special - wondering why the author has not come up with at least some positive and constructive suggestions. Whilst the topic has been stated in sociological terms, there were no particular revelations, even though some of the terminology might be new to those who are not sociologists. It is a great pity that role parameters appear to have been unnecessarily emphasized, in the rejection of the contribution of psychologists, because I believe that a sociological viewpoint can only add to our understanding of the vast patchwork and rich array of humanity, and the social behaviour of mankind. To put forward unsubstantiated arguments, to cite references uncritically, or to quote research in passing is, however, doing a disservice to sociology, since all these things are possible within the sociological framework.

Tooze, D. (1981) Independence Training for Visually Handicapped Children. Croom Helm.

Reviewer: Cheryl Irons, Advisory Teacher for the Visually Handicapped, Hampshire LEA.

The Croom Helm Special Education Series set out to offer the opportunity for publishing techniques and programmes of 'good practice' which exist in certain areas but are not widely known. Doris Tooze's 'Independence Training for Visually Handicapped Children' seeks to highlight the joint role of teachers and parents in helping visually impaired children towards independence in the sighted world. Mrs. Tooze's experience has been gained as the Physical Education teacher and later Mobility Officer at Tapton Mount School for the Blind, Sheffield. and now as a Lecturer in Visual Handicap at Birmingham University, and at the North Regional Association of the Blind.

Much of the general information and child development section will be familiar to those already working with visually handicapped children. However, it is useful to read and have one's own ideas reinforced, and also to have the further stimulation of activities and thoughts for ongoing work.

Independence training not only includes mobility, but also orientation and daily living skills. As the visually handicapped baby does not have the facility to imitate the conduct of those around him, he must be taught and corrected so that inappropriate behaviour is not reinforced. As comparatively few families will have experienced the trauma of having a visually handicapped child, the natural reaction is to over-protect the child from all dangers and so limit his understanding of the world. The fallacy that blind people are automatically compensated for having poor vision by possessing extra sensitive gifts of hearing and touch are repudiated. The means of developing other senses are explained and explored throughout the book as well as suggesting ways in which the child's educators can stimulate and reorientate their own way of thinking.

With the influx of electronic and other devices, there is more opportunity for the visually handicapped person to occupy a fuller and more active part in society. The mobility aids, be they the long cane, guide dog, or a sighted companion, offer the visually handicapped the chance to become better travellers, both in a familiar environment or somewhere unknown. However, the incentive to move from one place to another in a normally sighted child begins when he sees something a little way from him and he wants to reach it. The visually handicapped baby is much more passive and must be encouraged to be curious and explore his surroundings. From early on, parents must be encouraged to talk to their child and show him around their home and how all gadgets work, and explain the noises that can be heard. Developing the child's awareness of parts of his own body and then his position in space, widens his horizons and his curiosity to explore when he is mobile.

The chapter on social competence and daily living skills emphasises the need for constant stimulation in order to eradicate mannerisms which many blind children develop. Acquiring a good posture when sitting, walking; good feeding habits; and learning to be orderly with toys and belongings all help towards the child becoming less frustrated as he gets older. In allowing the child to explore and play around the house and in cupboards, incidental learning, such as mathematical concepts of size and sets, will begin.

At school, the training begun by parents will become more formal and sophisticated. The necessity for visually handicapped children to learn to be more flexible in their movements is emphasised, and exercises to increase this are described in detail with the aid of excellent photographs. Adaptations of familiar games, such as "What's the time, Mr. Wolf?" and "Danish Rounders", as well as specially designed activities, are described with diagrams. For the older child, many physical activities are possible if the student has the inclination, (e.g. yoga, judo, sailing, ice skating, etc.).

The author is clearly writing from her own experience in a special school for the blind. Thus the present trend of integrating visually handicapped children in normal schools is not discussed, where the handicapped child is sometimes encouraged to perform more daring feats due to the impetus of the sighted children's cheers and enthusiasm.

Whilst at Tapton Mount Mrs. Tooze developed a very carefully graded mobility training programme. In two chapters, she gives detailed descriptions of this work, outlining the techniques required before formally introducing a child to the long cane and then the training needed when the child is ready. Together with the long cane work, the author also used map making and compass work. The training syllabus also includes the use of public transport; coping with shopping in a city; and using members of the public in such a way as not to lose independence but gain the respect of the sighted world. The syllabus described is very detailed and specific to the area in Sheffield around Tapton Mount. Those who have seen the mobility film 'Stepping Out', made in Sheffield, will be familiar with the work.

It is inevitable in writing any book that gaps occur. For the most part, the children described are more or less totally blind, and have been educated in a school for the blind. There is only a brief reference to the training in the use of residual vision and no mention of blind children with additional handicaps, a group which is now growing in number. The section on mobility for the partially-sighted is unfortunately very brief. This is rather disappointing since there is very little information on this particular and larger group of visually handicapped children.

Throughout the book, the author is very positive in the way in which she worked. It is factual and her examples are thoroughly convincing, encouraging her readers to expect the successes she obviously achieved. The sub-headings within each chapter makes it a useful reference book and the illustrations also enhance points made in the written commentary. Although limited in its subject matter, it is good to have such a practical handbook, especially one written about English children. Although it is rather expensive at £6.95, it will be a valuable asset to those working with young visually handicapped children.